

# CONFERENCE LEAVE REQUEST

NORTHEAST COLORADO BOCES | PO BOX 98 | HAXTUN, CO 80731

Date: \_\_\_\_\_

Person making request: \_\_\_\_\_

Position: \_\_\_\_\_

Conference Title: \_\_\_\_\_

City/Location: \_\_\_\_\_

Date(s) of conference: \_\_\_\_\_

Number of Conference Leave Days Requested (Monday-Friday only): \_\_\_\_\_

Reasons you expect this conference will improve you professionally: \_\_\_\_\_

Number of days used to date in attending conferences during the current contract period: \_\_\_\_\_

I am anticipating filing the following expense claims for reimbursement:

## Approved Amount

Mileage (based on Google Maps): \_\_\_\_\_

Room (# of nights): \_\_\_\_\_

Meals: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Fees (Registration, etc.) \_\_\_\_\_

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

Date submitted: \_\_\_\_\_ Submitted By: \_\_\_\_\_

Conference Leave Request Approved: \_\_\_\_\_

Conference Leave Request **NOT** Approved: \_\_\_\_\_

Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Project Director**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Executive Director**