

Request for Approval to Attend Conferences

Harrison Community Schools

Name of Employee _____ Building _____

Conference _____

Sponsored By _____

Location _____

Date Submitted _____ Date(s) Attending _____

School or District Improvement Plan Code _____

Expenses

Conference/Registration Fees

\$ _____

Mileage _____ miles x IRS Rate

\$ _____ (Business office will fill in)

Lodging

\$ _____

Meals

\$ _____

Other _____

\$ _____

\$ _____ (Total Estimated Cost)

Is substitute required?

☐ Yes

☐ No

Total Days _____

Employee Signature _____

For Building Administrator Use Only

Check **ONE** box only for Appropriate Funding Source:

☐ Title I

☐ Title II A

☐ Title II D

☐ General

☐ Other _____

Has a stipend been budgeted for this training?

☐ Yes ☐ No

Administrator Signature _____ Date _____

For Curriculum Leadership Center Use Only

Received By _____ Date _____

☐ Approved

☐ Disapproved

Funding Account # _____