

ABINGDON-AVON COMMUNITY UNIT SCHOOL DISTRICT #276

WORKSHOP REQUEST FORM

The WORKSHOP REQUEST FORM must be submitted and approved prior to attendance at a workshop or conference.

A. Person submitting request Date submitted School Building or Assignment

B. Workshop/Conference title or description:

C. Workshop Location:

D. Workshop/Conference Date(s):

E. Substitute Requested or Needed:

F. Estimated Cost* (other than substitute): 1. Registration Fee: 2. Mileage (55.5 cents): 3. Lodging: 4. Meals: 5. Other: TOTAL:

*Only itemized receipts will be accepted for reimbursement. All receipts must state clearly, exactly what was purchased in order to be eligible for reimbursement. Receipts without specific itemized information will not be reimbursed. (Please initial)

H. Comments:

Office Use Only Approved: Principal's Signature Date

Disapproved: Principal's Signature

Approved: Superintendent's Signature Date

Disapproved: Superintendent's Signature