

WESTSIDE CONSOLIDATED SCHOOL DISTRICT

PROFESSIONAL MEETING ATTENDANCE REQUEST ESTIMATE OF TRAVEL EXPENSES

Conference Information (attach agenda, etc)

Date	
Employee Name	
Name of Conference	
Location of Conference	
Purpose of Conference	
Dates of Conference	

Estimate of Conference Expenses

Registration Fees	
Are registration fees to be paid in advance? If yes, please attach completed registration form.	
Mileage (Use district mileage chart.) Only if school vehicle is not available	
Meals (allowed amounts in policy and only paid for overnight travel)	
Hotel Name and Phone	
Hotel Address	
Check-In Date / Checkout Date	
Other (parking, fees, etc)	
GRAND TOTAL	

District/School Approval (office use only)

Approved ___ Denied ___ Bldg/Dept Signature _____ Date _____

Approved ___ Denied ___ District Signature _____ Date _____

Fund to charge _____

ATTACH THIS FORM TO THE GREEN TRAVEL FORM UPON RETURN FROM TRIP