CONFERENCE ATTENDANCE REQUEST

Conference Information (You MUST attach a program brochure with a registration form and descriptive information about your workshop with this request) Title:	Name		Signature
You MUST attach a program brochure with a registration form and descriptive information about your workshop with this request)	School		Job Title
Organization Presenting Workshop:	(You <u>MUST</u> attac	ch a program brochure wit	th a registration form and descriptive information about your worksho
Date(s) Date(s)	Title:		
Conference Expenses: Total Registration Fee: \$ Attendee's Requested Amount: \$ District Approved: \$ Mileage (# of miles from work to event) miles (x current IRS rate) \$ Please check only one: I will need a PO to register for the conference I will pay for the conference and submit for reimbursement after attending. (You must receive approval before paying for the conference. Conferences that are paid for before receiving approval will not be reimbursed.) Should costs exceed the approved reimbursement, the over run shall be the responsibility of the staff member. It is the responsibility of the staff member to register for the activity AFTER receiving approval. Substitute required (Circle one) Yes No Approved Denied / Signature of Principal/Supervisor Date Approved Denied / Signature of Superintendent/Designee Date	Organization Pre	esenting Workshop:	
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Approved Denied	Approved	Denied	Signature of Principal/Supervisor Date
Signature of Superintendent/Designee Date 6/4/2021	Approved	Denied	/
		Dellieu	Signature of Superintendent/Designee Date
☐ Original - Assistant Superintendent ☐ Yellow - Business Office ☐ Green - Person Requesting ☐ Pink - School			