



Grant Funded
(e.g. Perkins, Title I, Title III)

REQUEST TO ATTEND CONFERENCE/IN-SERVICE ACTIVITY

Requests made with less than 2 weeks' notice will be denied unless there are extenuating circumstances

Name: _____ Today's Date: _____

Conference Requested: _____

Date of Conference: _____

Reason for attending: _____

Estimate of expenses:

Registration	_____	Home to Conference	_____ miles
Travel	→ _____	Home to School	_____ miles
Meals	_____	Difference x 2	_____ miles
Lodging	_____	Mileage Rate	\$.535 per mile
Other	_____	Total Travel Cost	_____
<i>Total</i>	_____		

* Total professional/sick/personal days used to date _____ * Must be filled out by person requesting days.

A request for reimbursement of expenses, with all receipts, must be submitted WITHIN FIVE (5) WORKING DAYS after the activity is completed.

High School Only:

Department Chair's verbal approval has been received:

Yes

No

Date: _____

approve _____

disapprove _____

(Superintendent's Office)

Copies to:	Superintendent's Office
	Principal
	Staff Member