



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	<u>\$.58per mile</u>
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