CONFERENCE REQUEST

NAME		DATE/
WORK LOCATION		
CONFERENCE NAME		DATE(S)
CONF. LOCATION		CITY ST
TRANSPORTATION BY		LOCATION OF
SUBSTITUTE NEEDED ON		LESSON PLANS
		•
EXPENSES (See "CONFERENCE EXPENSES GUIDELINES")		TOTAL ANTICIPATED
REGISTRATION FEES		\$
HOTEL (# nights)	@ \$ =	
BREAKFAST		
LUNCH	@ \$ =	
DINNER	@ \$ =	
PERSONAL CAR MILES	@ \$ =	
TOLLS & PARKING		
TAXI OR CAR RENTAL		
AIRFARE		
OTHER EXPENSES:		
		
		
ACCOUNT CODE CHARGED		\$
		(GRAND TOTAL)
ATTACH ORIGINAL & 1 COPY OF CON	FERENCE REGISTRA	ATION FORM
A CONFERENCE / TRAVEL EXPENSE FORM SHOWI	NG ACTUAL EYDENSI	ES MIIST BE EILED WITHIN
10 DAYS OF CONCLUSION OF CONFERENCE WI	TH ALL THE ORIGINA	L RECEIPTS ATTACHED.
OLOMATURE		F. A ***
SIGNATURE		DATE
REQUESTED BY		<u></u>
APPROVED BY		/
APPROVED BY	/	'/

Business Office - (WHITE & YELLOW)

Distribution:

2/90

Originator - (GOLD)

Administrator - (PINK)