

CONFERENCE REQUEST FORM

Name _____ Date of Request _____

Date(s) of Conference _____

Title of Conference _____

Site of Conference _____

ESTIMATED COSTS TO THE DISTRICT:

\$ _____ Registration Fees

\$ _____ Lodging

\$ _____ Meals

\$ _____ Mileage Reimbursement

\$ _____ Materials

\$ _____ Other Expenses

\$ _____ **TOTAL ESTIMATED EXPENSES**

Will a substitute be needed in your absence? _____

FINANCIAL VERIFICATION:

Business Administrator

Date