



Distribution:
 Sups./Dept. Ch. _____
 Principal _____
 Applicant _____
 Superintendent _____
 Business Office _____

**MEETING / CONVENTION /
 CONFERENCE REQUEST FORM**

[331-AR-2, 10/10/23]

_____ Date of Submission _____ Print Applicant's Name _____ School and/or Department

_____ Applicant's Signature

MEETING INFORMATION

I hereby make a request to attend the following meeting:

Name/title of meeting..... _____

Name of Sponsoring Organization(s).... _____

Location of Meeting _____

Date(s) of meeting..... _____

SINGLE DAY.....OVERNIGHT STAY.....OUT-OF-STATE (circle one)

My attendance will necessitate a substitute on the following day(s) _____
 Full Day Half Day AM PM

My attendance will contribute to my professional development in the following way:

ESTIMATED EXPENDITURES

My estimated expenditures to attend this meeting are:

Registration \$ _____ Transportation \$ _____ Room \$ _____ Meals \$ _____ Other \$ _____ = Total \$ _____

Note: If actual expenditures exceed the estimated expenditures by more than 10%, a written explanation indicating why the overage occurred must accompany the request for reimbursement.

REGISTRATION PROCEDURE

Please check one:

_____ I will register for the meeting and pay all expenses. (see *NOTE below regarding submitting for reimbursement)

_____ A district administrator has asked me to attend this event and will be processing the registration for attendees.

Within 30 days of the meeting a written report of the meeting must be submitted with a Employee Expense Form and receipts for
 *NOTE: all expenditures for which reimbursement is being requested. If any component is missing, reimbursement cannot be made.

-----**AUTHORIZATION/DENIAL**-----

Recommended by _____ Date _____
 Supv. /Dept. Ch. (where appropriate)

Building Principal* _____ Date _____
 Signature denotes that sufficient funds are budgeted for this expenditure. *Application of principal/supervisor requires Assistant Superintendent' s signature.

Superintendent _____ Approved _____ Not Approved _____ Date _____

ASN No. _____ Vendor No _____ Purchase Order No. _____

It is the responsibility of the Building Principal or approving cabinet member to assign the correct ASN No. The Business Office will assign the vendor number and purchase order number.