Request for Approval: Conference/Workshop/Meeting

Attach a copy of the conference background information and registration form to this request. When checks are required for Prepay Expenses, the request must be submitted to the accounting department **two weeks prior to due date.**

Pre– Conference Information Revised 1-9-25 rs

Name: _____ Date submitted: _____

Conference / Event Title: _____

Location: _____ Dates: _____

	Fees	Payable To	check	credit card
Registration	$ _____	_____	☐	☐
Lodging	$ _____	_____	☐	☐
Est. Meals	$ _____			

Est. Mileage _____ round trip miles OR ☐ using COOR car/ carpooling

_____/ _____ $ _____

Employee Signature Date Total

Approval to Attend the above is: ☐ **GRANTED** or ☐ **DENIED**

_____/_____ _____/_____

Department Head Date Superintendent Date

Accounting Code: _____

.. ..

Post-Conference/Additional Expenses from Conference/Workshop/Meeting:

Maximum Meal Reimbursement if NOT included in conference:
$10 breakfast $15 Lunch
$30 Dinner, 20% tips

Lodging _____

Meals _____ Attach detailed Receipts. See note above.

Travel _____ miles X $0.70 =_____

Other _____ Attach Receipts & Describe reason

_____/ _____

Employee Signature **Date**

_____/_____ Balance Due Employee: $ _____

Department Head Date