

# Request for Approval to Attend Conferences

Harrison Community Schools

Name of Employee \_\_\_\_\_ Building \_\_\_\_\_

Conference \_\_\_\_\_

Sponsored By \_\_\_\_\_

Location \_\_\_\_\_

Date Submitted \_\_\_\_\_ Date(s) Attending \_\_\_\_\_

School or District Improvement Plan Code \_\_\_\_\_

Registration Attached [or]  On-line Registration

### Lodging

Take Check With You [or]  Reimburse You After Conference

### Expenses For

Conference/Registration Fees \$ \_\_\_\_\_

Mileage \_\_\_\_\_ miles x .58 \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Total Estimated Cost \$ \_\_\_\_\_

Is substitute required?  Yes  No

Total Days \_\_\_\_\_ Date(s) \_\_\_\_\_

Employee Signature \_\_\_\_\_

### For Building Administrator Use Only

Check Box for Appropriate Funding Source: **(Check one box only)**

Title I  Title II A  Title II D

General  Other \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Curriculum Leadership Center Use Only

Received By \_\_\_\_\_ Date \_\_\_\_\_

Approved  Disapproved

Funding Account # \_\_\_\_\_