

Maine School Administrative District #12

REQUEST TO ATTEND

This form must be submitted to superintendent's office for approval prior to registration for event. Please attach Course Approval Request if this course or professional development activity will be used for recertification.

NAME: _____

EVENT: _____

DATE(S) OF EVENT: _____

LOCATION: _____

PURPOSE: _____

ACCOUNT NUMBER: _____

GRANT FUNDED: YES _____ NO _____ If yes, which grant? _____

PLEASE PROVIDE ESTIMATED OR ACTUAL COSTS BELOW:

\$ _____ MILEAGE (\$0.545/mile)
_____ LODGING
_____ FEES
_____ MEALS (\$10 - \$15 & \$20 for Breakfast, Lunch and Dinner respectfully including tip. There will be no reimbursement for alcoholic beverages. Itemized receipts must be submitted with reimbursement request.)
_____ OTHER (Explain) _____

___ I WILL REGISTER MYSELF ___ PLEASE REGISTER ME ONCE APPROVED

___ RESERVATION FORM(S) ATTACHED (please staple to this sheet)

___ NO RESERVATION FORMS

REQUESTED SUBSTITUTE: _____

I NEED COVERAGE FOR _____ DUTY

STAFF MEMBER'S SIGNATURE AND DATE: _____

FOR OFFICE USE ONLY

APPROVED _____ NOT APPROVED _____ REASON _____

PRINCIPAL'S SIGNATURE: _____ DATE: _____

SUPERINTENDENT'S SIGNATURE: _____ DATE: _____

DATE RECEIVED IN OFFICE: _____ INITIALS _____ FORWARDED TO: _____

SUBSTITUTE SCHEDULED: _____ REGISTRATION COMPLETED: _____ DATE FILED: _____