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:______