

Conference/Travel Request

Applicant's Name: _____

Date of Application: _____

Title of Conference: _____

Conference Location: _____

Dates of Conference: _____ - _____

Substitute Requested: _____

Dates Substitutes Requested: _____ - _____

Notes/Comments:

Estimated Expense Authorization

Conference Registration Fee: _____

Signature of Applicant Date

Accommodations: _____

Meals: _____

Breakfast: \$ 6.50
Lunch: \$ 6.50
Dinner: \$ 12.00

Signature of Principal Date

Travel:

Enter no. of miles: _____

Amount per mile: _____

Signature of Superintendent Date

Total Amount Requested: _____