



Conference Request Form

Name: _____ Today's Date: _____

Grade/Department: _____ Room #: _____

Purpose of Travel: Training Conference Workshop
(circle one)

Name of Event: _____ Location of Event: _____

Dates of Event: _____ Departure Date: _____ Return Date: _____

Will a substitute be needed? (select one) Yes No

Event Dates:	/ /	/ /	/ /	/ /	/ /	TOTAL
TRAVEL COSTS ESTIMATE						
Airfare						
Taxi, Uber						
Car Rental						
Parking						
Personal Mileage ¹ \$0.70 (eff. 1/1/25)						
LODGING COSTS ESTIMATE						
Hotel						
MEAL COSTS ESTIMATE²						
Breakfast (\$13)						
Lunch (\$17)						
Dinner (\$30)						
REGISTRATION COSTS ESTIMATE						
Conference Fee						
TOTAL						

¹Personal Mileage is from 500 Spring Grove Road to the event location.

²Meal per diem rates are as follows: **Breakfast**-event/travel prior to 7:00-8:30am, **Lunch**-event/travel prior to 11:30am-2:00pm, **Dinner**-event/travel prior to 5:30-past 7:00pm. Tips for meals are included in the standard per diem/meal rates.

I certify that the above is an estimate of possible expenses that may be incurred if approval is granted to attend the above-named event.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Approved Denied

Superintendent Signature: _____ Date: _____

Approved Denied

FUND	RESC	YR	OBJT	SO	GOAL	FUNC	CSTCTR	STE	MGR	AMOUNT
		00		00				000		
		00		00				000		