

OAKRIDGE PUBLIC SCHOOL CONFERENCE REQUEST FORM

Name of Attendee(s): _____ Today's Date: _____

Name of Event: _____

Date(s) of Event: _____ Time of Event: _____

Location of Event: _____

Substitute required? YES NO {Employee MUST log absence into RedRover}

Supervisor Signature – Approval to Attend Conference

Date

Expense Information

	Cost to District	Expense Payment Method
Registration Fee	\$	<input type="radio"/> Check <input type="radio"/> PCard <input type="radio"/> Reimbursement
Mileage Cost = (.655 - IRS rate x (miles)(estimated)	\$	<input type="radio"/> Reimbursement with mileage log
Meals * - receipts must be submitted with final request for reimbursement	\$	<input type="radio"/> Reimbursement – with receipts
Other – Please Specify	\$	<input type="radio"/> Check <input type="radio"/> PCard <input type="radio"/> Reimbursement
TOTAL EXPENSES	\$	

Expenses subject to reimbursement will only **be paid for reasonable** and adequate items receiving prior supervisor approval. Items without receipts or in excess of the amount requested above will not be reimbursed.

Accounts to be charged:

Registration Cost(s)	
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Signature Approval of Person Responsible for Account

Date

DIRECTIONS: Employee completes request, obtains Supervisor's signature and then gives to Bldg Secretary who determines person responsible for approval of expense, employee registers self upon approval – final form and all documentation sent to Sherry Wahr at Admin

BUSINESS OFFICE TO COMPLETE THE FOLLOWING PAYMENT INFORMATION

Registration	\$	Check	#	Date Mailed	
Mileage	\$	Check	#	Date Mailed	
Lodging	\$	Check	#	Date Mailed	
Meals	\$	Check	#	Date Mailed	