

OAKRIDGE PUBLIC SCHOOLS

CONFERENCE REQUEST FORM

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

Name of Conference: _____

Date(s) and Time of Conference: _____

Location of Conference: _____

Substitute required? Yes No (The estimated cost for a full day sub is \$70-\$85)

Expense Information	Cost to District	Notes to Supervisor:
Registration fee		
Mileage Cost = _____ (IRS rate) X _____ (miles)		
Lodging		
Meals		
Other		
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.

Supervisor Signature Approval to Attend Conference _____ **Date**

Account to be Charged: _____

Signature Approval of Person Responsible for Account _____ **Date**

BUSINESS OFFICE TO COMPLETE THE FOLLOWING PAYMENT INFORMATION					
Registration	\$		Check	#	Date Mailed
Mileage	\$		Check	#	Date Mailed
Lodging	\$		Check	#	Date Mailed
Meals	\$		Check	#	Date Mailed

Revised 11/2012 Donna Unwin will e-mail attendees this form and a PO number to register online for MAISD workshops upon receiving both above approval signatures and a building requisition.