

## 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
<b>TOTAL EXPENSES</b>	<b>\$</b>	

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	