

Request for Workshop/Activity/Meeting

Request Number: _____

Name/s _____

Title of Workshop: _____

Workshop Location: _____
Hotel: _____

Purpose of the workshop:

Date/s of the workshop: _____

Substitute needed: yes no

PROJECTED EXPENSES:

1. Mileage _____ miles at \$0.25/mi \$ _____
2. Transportation other than automobile \$ _____
3. Parking \$ _____
4. Food for _____ days for _____ people* \$ _____
 [\$5=breakfast, \$10=lunch, \$15=supper]
 *Overnight trips only or with permission of the Supt.
5. Prepaid banquet tickets for _____ people at \$ _____/person \$ _____
6. Estimated hotel/motel cost \$ _____
 [Room will be paid at 100% with the proviso that the Board of Education
 reserves the right to reject amounts above reasonable and customary]
7. Tuition/Fee \$ _____
8. Other: _____ \$ _____

TOTAL ESTIMATED EXPENSES \$ _____

All receipts for parking, travel, room, food, etc are to be turned into the Supt office upon return and excess money returned.

Employee signature

Date of request

Principal signature

Date of approval

Superintendent signature

Date of approval
Funding Source _____

Office Use:

Given Miscellaneous Check on _____ # _____
Paid/Mailed fee/tuition on _____ # _____
Paid/mailed banquet tickets on _____ # _____