

**Harper Woods School District
REQUEST FOR CONFERENCE LEAVE**

NAME: _____ VENDOR #: _____ DATE: _____

POSITION: _____ WORK LOC: _____

NAME OF CONFERENCE: _____

LOCATION: _____

DATE OF CONFERENCE: _____ ADVANCE CHECK: _____

ACCOUNT NUMBER: _____

PAYABLE: _____ VENDOR#: _____

APPROVAL: _____ AMOUNT: _____

	ESTIMATED REIMBURSABLE EXPENSES	ACTUAL REIMBURSABLE EXPENSES	CASH SUMMARY	
CAR MILEAGE _____ MILES @ _____ PER MILE			TOTAL ACTUAL EXPENSES	
BUS-TAXI-PARKING			ADVANCE CHECK NO:	
AIR TRAVEL			AMOUNT DUE FROM (TO) BUSINESS OFFICE	
MEALS			I CERTIFY THAT THE EXPENSES LISTED WERE INCURRED ON OFFICIAL SCHOOL BUSINESS ON THE DATES SHOWN. EMPLOYEE SIGNATURE: DATE:	
TIPS				
REGISTRATION FEE				
HOTEL				
OTHER:				
TOTAL				
PRE - CONFERENCE LEAVE APPROVAL				
PRINCIPAL			PRINCIPAL	
SUPERINTENDENT			BUSINESS OFFICE	

WHITE-MILEAGE GREEN-SUBSTITUTE YELLOW-BUSINESS OFFICE PINK-PRINCIPAL GOLD-EMPLOYEE
03/28/00