

Request for Conference Leave

Name: _____

Date: _____

Name of Conference: _____

Vendor: _____

Date(s) of Conference: _____

Conference Location: _____

Account Number: _____

Registration Fee: _____

Estimated Conference-Related Expenses

Cost of Mileage _____

Bus-Taxi-Parking _____

Overnight Travel: _____

(if yes)

Hotel Fees _____

Meals _____

Air Travel _____

Board Approval: _____

PO Number: _____

Have you already registered? _____

Pre-Conference Leave Approval

Principal: _____

Superintendent: _____

Special Instructions: _____
