

# PERMISSION REQUEST TO ATTEND CONFERENCE

1. Complete **SECTIONS A and B** of this form accurately. **INCOMPLETE FORMS will be returned.** Only costs noted on this form and approved by Central Office will be subject for reimbursement. Signatures of approval by 1.) the **PROGRAM MANAGER** and 2.) the **PRINCIPAL** (see "SECTION C" below) **MUST** be obtained prior to forwarding this request and any necessary attachments to **CENTRAL OFFICE** for **FINAL** approval.
2. **APPROVAL FROM DR. CAMPBELL MUST BE OBTAINED PRIOR TO REGISTRATION AND PRIOR TO GENERATING A MUNIS REQUISITION.** Once **FINAL** approval is received, you may generate a **REQUISITION**.
3. **COMPLETE A CONFERENCE/WORKSHOP SUMMARY AND FOLLOW-UP FORM** (see **SCHOOL COMMITTEE POLICY 5.5**).
4. **REIMBURSEMENT: ORIGINAL receipts MUST BE submitted with a detailed expense voucher to Central Office. Please note that meal receipts must be itemized in order for you to be reimbursed.**
5. **Transportation, mileage, accommodation, and meals are only reimbursed if the staff member is asked to attend the conference.**

## SECTION A:

Conference Title: _____	Vendor: _____
Date(s) of Conference: _____	Method of Transportation: Car <input type="checkbox"/> Train <input type="checkbox"/>
Location of Conference (address/state): _____	Bus <input type="checkbox"/> Plane <input type="checkbox"/>

<p style="text-align: center;"><b>TRAVEL AND COST ESTIMATES</b></p> <p><b>IN-STATE TRAVEL</b> <input type="checkbox"/> <b>OUT-OF-STATE TRAVEL</b> <input type="checkbox"/></p> <p>Registration \$ _____ X _____ = _____</p> <p>Accommodations \$ _____ X _____ = _____</p> <p>Meals \$ _____ X _____ = _____</p> <p>Transportation \$ _____ X _____ = _____</p> <p><b>Total Estimated Cost \$ _____</b></p>	<p style="text-align: center;"><b>FUNDING SOURCE FOR CONFERENCE</b></p> <p>1. ORG: _____ OBJ: _____ Proj. Code: _____</p> <p>2. ACCT #: _____</p> <p>3. Other (please explain): _____</p> <p>4. SUBSTITUTE NECESSARY: YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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### ADDITIONAL FUNDING SOURCES (IF NECESSARY)

ORG: _____	OBJ: _____	Project Code: _____	Acct. #: _____	Amt.: _____
ORG: _____	OBJ: _____	Project Code: _____	Acct. #: _____	Amt.: _____

## \*SECTION B: REQUESTING ATTENDEES (NAME, POSITION & BUILDING MUST BE LISTED ON THIS FORM)

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
	↑ Printed Name ↑	↑ Position ↑	↑ Assigned Building ↑

## SECTION C: ADMINISTRATOR RECOMMENDATIONS

1. PROGRAM MANAGER:	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
Signature: _____	Date: _____	
2. PRINCIPAL:	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
Signature: _____	Date: _____	
3. ASST. SUPERINTENDENT:	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
Signature: _____	Date: _____	

## SECTION D:

<b>Central Office Use Only.</b> *****
Conference Evaluation Received:
Yes <input type="checkbox"/>
No <input type="checkbox"/>