WOODLAND SCHOOL DISTRICT #50
REQUEST FOR APPROVAL OF CONFERENCE/WORKSHOP

Read the following instructions before completing this form:

1. **This form is to be used for all conferences/workshops.**
2. **Please attach to this form, a COPY of the conference registration.**
3. **Forward one (1) copy of entire packet to the Superintendent's office for approval at least 4 weeks prior to the conference.**
4. **Within 10 days after completion of the conference/workshop:**
   Submit an Expense Report (with all original detailed receipts attached) to the Superintendent for approval.

ATTENDEE_____ **DATE OF REQUEST**_____

CONFERENCE/WORKSHOP TITLE_____

LOCATION (CITY/STATE)_____

START DATE: _____ **TIME:** _____ **END DATE:** _____ **TIME:**_____

ESTIMATED EXPENSES

Expense	Description	MONTH/DAY				
Enter Month and day(s) of conference/workshop attendance:						
FEES & OTHER						
Registration Fees	Original Receipt Required					
Other (Explain)	Items purchased at conference etc.					
TOTAL FEES & OTHER	SUB-TOTAL					
MEALS						
One Day Conference	Meal Lunch Rate - $20.00					
Multi Day Conference	Meal Rate $60.00 Per Full Day					
TOTAL MEALS	SUB-TOTAL					
TRAVEL & LODGING						
Car Mileage (IRS Rate)	Round trip (home to event)					
Tolls / Parking	Receipt required					
Car Rental/Limousine	Least expensive mode of travel					
Taxi/Shuttle	Based on least expensive mode of travel					
Train or Bus	Reimbursed at actual cost, not to exceed cost of coach airfare.					
Air Fare	Based on lowest fare available.					
Hotel	If possible conference rate should be chosen. Single room rate will be reimbursed.					
Total Travel & Lodging	SUB-TOTAL					

TOTAL BUDGET $_____

IS ADVANCE REGISTRATION BY PURCHASE ORDER/CHECK NECESSARY? **Yes**_____ **No**_____
(Attach all required registration information for processing.)

(Office Use Only)

BUDGET APPROVED BY:

_____ **$**_____ _____ _____
Superintendent **Amount** **Date** **Account Number (Workshop)**

_____
Account Number (Meals & Travel)

Finalized 04/13/17