

SCHOOL DISTRICT OF COLBY
Approval to Attend Conference, Workshop, ETC.

Person(s) Attending: _____

Conference or Function: _____

Location/City: _____ Date(s) of Attendance: _____
Month Day Year

No. Days Absent From School: _____ @ \$ _____ substitute salary = \$ _____

Conference Registration or Cost _____

School Car Reserved? Yes No

Mileage _____ @ \$ _____
Mileage will be paid only if school car is not available.

Meal Reimbursement _____

Room estimated amount _____

Name of Motel/Hotel _____

TOTAL COST _____

If funded under a grant or special program, please specify:

1. Please attach a conference program or brochure with this request.
2. The district will provide only one transportation expense if more than one requests attendance.
3. Upon return from the conference, please submit a mileage and expense voucher with receipts for expenses attached. Expenditures without a verifying receipt will not be reimbursed.
4. Please indicate if you wish the district to pay the registration for you. Attach a completed registration form. Submit 5-7 days prior to due.

APPROVED BY: _____

SUPERINTENDENT SIGNATURE: _____

DATE: _____