

CONFERENCE/TRAVEL REQUEST Clare-Gladwin RESD

INSTRUCTIONS (please read carefully):

1. Please complete this form and submit for approval
2. Include one completed copy of the conference registration form and applicable brochures.
3. *** IMPORTANT *** Remember to obtain an itemized receipt for all meals, lodging, etc. Reimbursements are not given without receipts and must not include alcoholic beverages, if a receipt is not given to you please ask for one!

Name: _____ Conference Date(s): _____

Name of Conference: _____

Conference Location: _____

RATIONALE FOR CONFERENCE ATTENDANCE:

TRAVEL @ (Current IRS Rate) per mile: _____

MEALS:

Number of Breakfasts ____/____ X 12.00* ea. = ____/____

Number of Lunches ____/____ X 18.00* ea. = ____/____

Number of Dinners ____/____ X 30.00* ea. = ____/____

*Maximum 15% tip in meal limit (not to exceed allotted per meal amount)

CONFERENCE REGISTRATION FEE: _____ (Please attach a completed registration form with proper mailing instructions).

LODGING (if applicable):

Hotel Name: _____ Hotel Phone: _____

Cost Per Night: _____ Arriving: _____ Departing: _____

Number of people: _____ Number of Rooms: _____ Smoking (Y/N) _____

Special pricing code: _____

Name(s) of people staying in room: _____

BUSINESS OFFICE ONLY:

Date called: _____ Confirmation #: _____

Tax Exempt form Faxed: _____ (Y or N)

OTHER: _____

Please submit this form to your administrator/supervisor for approval, then to the Superintendent for final approval.

Program Administrator (Date)

Applicant's Signature (Date)

Superintendent's Approval (Date)