

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: _____

WHAT DO YOU PLAN TO LEARN AT THE CONFERENCE?

TRAVEL @ IRS approved rate per mile: _____

MEALS:

Number of Breakfasts _____ X 10.00 ea. = _____

Number of Lunches _____ X 15.00 ea. = _____

Number of Dinners _____ X 25.00 ea. = _____

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)