

**Almont Community Schools-Professional Meeting/Conference Request Form**

Employee Name \_\_\_\_\_

Assigned Dept. Check One:	OP	MS	HS	Central	Tech	Maint	Testing
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Conference Name \_\_\_\_\_

Conference Location \_\_\_\_\_

Date of Event: \_\_\_\_\_


**Budget/Expenses:**

Registration Check One: Credit Card \_\_\_\_\_ District Check (allow 4 weeks)\*: \_\_\_\_\_

Registration Fees: (attach brochure/flyer) \$ \_\_\_\_\_

Substitute (# of days x \$118) \$ \_\_\_\_\_

Lodging: (Send confirmation to Business Office) \$ \_\_\_\_\_

<b>Administration Use Only</b>	
	
Business Office Approval:	
<b>Budget Unit:</b>	Acct #:
	3220
	3110
	3220

Please submit a Request for Reimbursement Form (with receipts) for mileage, parking, and food. If there is a stipend for attendance please indicate on your timesheet. **An original itemized receipt is required for any food reimbursement and a map is required for mileage reimbursement.** Mileage and Meals will be reimbursed by the business office upon receipt of a check request and original mileage forms and receipts.

\* Make Registration Check out to : \_\_\_\_\_

Employee Signature : \_\_\_\_\_

Principal Approval: \_\_\_\_\_

Superintendent's Approval: \_\_\_\_\_

Upon Approval Give One Copy to: Requestor; Building Secretary; Business Office