

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 \$146.25) \$ _____

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

Stipend: (Please enter amount or X line to indicate stipend) \$ _____

Please submit a Request for Reimbursement Form (with receipts) for mileage, parking, and food.

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: _____

Administration Use Only



Business Office Approval:

Budget Unit:	Acct #:
	3220
	3110
	3220
	1790

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