# Conference/Event Request
# Form 2021-2022

1. Complete this form with all required information. (Do not fill out gray areas.)
2. Submit the form to your principal or supervisor for approval.
3. Send the form to the administration office for approval.
4. When the form is emailed back to you with approval you may register for the conference.

| Employee Name *(ONE applicant per sheet)* | School | Position |
|---|---|---|
| **Conference/Event Title** | | |
| Conference/Event Date(s) *(Enter ALL expected dates for multi-meeting conferences)* | Conference/ Event Location | |
| Please provide a brief description of the conference or event. | | |

## **Do not enter amounts in gray areas**

| Estimated Expenses | | |
|---|---|---|
| | Totals | Principal Use (check one) |
| **Conference/Event registration fee** <br> Paid by the school office after approval | $ | ☐Building expense ☐ ISD reimbursed ☐IDEA grant <br> ☐STEM ☐ Title IIA grant ☐GSRP |
| **Mileage** <br> _____miles (RT)x_____ /mile | $ | ☐Building expense ☐ ISD reimbursed ☐IDEA grant <br> ☐STEM ☐ Title IIA grant ☐GSRP |
| **Meals** *(allowable expenses per day)* <br> $5.00 breakfast, $7.00 lunch, $12.00 dinner | $ | ☐Building expense ☐ ISD reimbursed ☐IDEA grant <br> ☐STEM ☐ Title IIA grant ☐GSRP |
| **Other travel fees expected** <br> Parking fees; plane, train, bus or taxi fares | $ | ☐Building expense ☐ ISD reimbursed ☐IDEA grant <br> ☐STEM ☐ Title IIA grant ☐GSRP |
| **Lodging** *(For locations beyond 75 miles unless approved)* <br> $_____ per night | $ | ☐Building expense ☐ ISD reimbursed ☐IDEA grant <br> ☐STEM ☐ Title IIA grant ☐GSRP |
| **Substitute teacher** _____#days <br> ☐Full Day ☐Half Day ☐After School <br> ☐Saturday ☐Summer | $ | ☐Building expense ☐ ISD reimbursed ☐IDEA grant <br> ☐STEM ☐ Title IIA grant ☐GSRP |
| TOTAL ESTIMATED EXPENSES | $ | ☐Building expense ☐ ISD reimbursed ☐IDEA grant <br> ☐STEM ☐ Title IIA grant ☐GSRP |

The applicant must pay all expenses and submit <u>itemized</u> receipts along with the Professional Meeting Reimbursement Request Form (#3243 F2) for reimbursement (This form can be found on the website.)

| Applicant signature | Date |
|---|---|
| Principal signature | Date |
| PD Program Director | Date |