TEACHER WORKSHOP/CONFERENCE REQUEST

When this request is complete, return it to the building principal.
All expenses related to this workshop/conference will be charged against:

Your name

Today's date ___________________________ Dates of the conference:

Date you will not be at school ___________________________

Name of the conference/workshop ___________________________

Location of the event ___________________________

Total planned cost of the event ___________________________

a. Substitute

b. Meals

c. Lodging

d. Registration

e. Transportation

f. Other

Please provide the following information upon completion of your event.

a. Receipts for meals, lodging, registration and other expenses related to the conference/workshop. Without these receipts, the district can not legally pay the charges.

Building Administrator ___________________________

District Administrator ___________________________

Teacher ___________________________

http://www.achsd.org/almira/images/media/workshop.htm

7/23/2013