

Greenville Central School District

Conference Meeting Request

(Please submit request at least 10 days in advance)

Name: _____ Date of Request: _____

Title of Conference/Meeting: _____

Sponsoring Organization: _____ Emergency Phone: _____

Day & Dates: _____ Hours: _____

Place: _____ # of days substitute will be needed: _____

(Attach conference brochure or description)

Estimate of Costs:*

Registration (dues not allowable) \$ _____

_____ miles @ _____ ¢ per mile _____

Tolls/Parking _____

Meals _____

Lodging _____

(Payment will not exceed estimated total.) Other _____

Total _____

check if registration to be paid & sent by business office
(if yes, attach registration form)

Please write a brief statement indicating why you wish to attend this conference/meeting.

Route to:

1. Recommended by: _____ Title: _____ Date: _____
Signature

2. Principal for acknowledgement _____ (Initials)

3. Available funds in budget code: Yes _____ No _____ Budget Code: _____ Business Manager Initials: _____

4. Superintendent: _____ Yes _____ No _____ Date: _____

* Save all receipts to submit after the conference with your claim form for expenses.
Plan also to submit a brief report of the conference/meeting with your expense claim.

Distribution:

District Office, Principal or Supervisor, Person Making Request, Business Manager