

CHARLOTTE PUBLIC SCHOOLS

REQUEST TO ATTEND CONFERENCE

Person Wishing to Attend _____	
Conference Name _____	
Location _____	Dates _____
Principal's Approval _____	Assoc. Supt. for Curriculum _____ <small>(APPROVAL FOR CONFERENCE ATTENDANCE ONLY)</small>
ACCOUNT NUMBER: _____	Bill to: _____

- I have sent in my own registration and payment. *(Registrations of \$99.00 or less.)*
- I want the district to send in my registration and payment.

ITEMIZED	APPROXIMATE COST	ACTUAL COST
Substitute <i>(\$94.50/full day, \$54/half day)</i>	\$ _____	\$ _____
Registration.....	\$ _____	\$ _____
Transportation..... <i>(Number of miles X approved mileage rate)</i>	\$ _____	\$ _____
Room.....	\$ _____	\$ _____
Meals <i>(if approved at the building level)</i>	\$ _____	\$ _____
<i>Maximum District allowances:</i>	<i>(breakfast)</i>	
<i>Breakfast \$6.00</i>	\$ _____	\$ _____
<i>Lunch \$8.00</i>	<i>(lunch)</i>	
<i>Dinner \$15.00</i>	\$ _____	\$ _____
	<i>(dinner)</i>	
TOTAL	\$ _____	\$ _____

RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT TO BE PROCESSED!

<u>REQUEST FOR REIMBURSEMENT</u>	
Pay to _____	
Supervisor's Approval _____	Assoc. Supt. for Curriculum _____

(Administrators should use the above form for their own requests, but should send form to **Superintendent of Schools** for approval.)