

**TODAY'S DATE:** \_\_\_\_\_

**\*SHOULD BE SUBMITTED AT LEAST 10 DAYS PRIOR TO CONFERENCE DATE. P.O. MUST ACCOMPANY REQUEST IF APPLICABLE**

**MONOMOY REGIONAL SCHOOL DISTRICT  
CONFERENCE REQUEST FORM**

Person(s) Attending (with Grade Level and Department or Position)

\_\_\_\_\_  
\_\_\_\_\_

Conference Title \_\_\_\_\_

**Justification Statement (relevance to district strategic plan and School Improvement Plan)**

\_\_\_\_\_  
\_\_\_\_\_

Sponsor \_\_\_\_\_

Conference Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Conference Date(s) \_\_\_\_\_ Substitute needed on \_\_\_\_\_

Registration: \_\_\_\_\_ P.O. # \_\_\_\_\_

Mileage: \_\_\_\_\_ miles x \$.\_\_\_\_\_/mi.= \_\_\_\_\_ P.O. # \_\_\_\_\_

Other (itemize and total) \_\_\_\_\_

Total \_\_\_\_\_

*A reimbursement form with actual expenses must be submitted within 10 days of conclusion of conference with all original receipts attached.*

SIGNATURE(S)

REQUESTED BY \_\_\_\_\_

\_\_\_\_\_ Date

\*PRINCIPAL \_\_\_\_\_

\_\_\_\_\_ Date

\*Account Code: \_\_\_\_\_

\*Account Name: \_\_\_\_\_

\*Grant Name: \_\_\_\_\_

SUPERINTENDENT \_\_\_\_\_

\_\_\_\_\_ Date

*Please forward a brief report on the conference (with agenda or programs or other information) to the Superintendent/Principal following the conference. Thank you.*