MAINE SCHOOL ADMINISTRATIVE DISTRICT NO.9
REQUEST FOR ATTENDANCE AT PROFESSIONAL CONFERENCE/MEETING/WORKSHOP

Submit to Building Principal prior to conference/meeting/workshop?

PERSON REQUESTING_______________________________ POSITION_______________________________

SCHOOL:____________________________________________________________________________________

NAME/SPONSOR:_____________________________________________________________________________

SUBJECT:____________________________________________________________________________________

LOCATION:_________________________________________DATE(S):_________________________________

ESTIMATED BUDGET: Travel:_________________________
Meals:_________________________
Housing:_______________________
Registration:____________________
Other: (Explain)_________________

TOTAL REQUEST: $___________________

DATE(S) A SUBSTITUTE WILL BE NEEDED:_____________________________________________________

DEPARTURE TIME:___________________________________________________________________________

My purpose in attending is:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

_____________________________________________  ____________________________________
Signature of person making request     Date request prepared

Revised   6/9/00
Reviewed: January 22, 2002
Reviewed: May 4, 2009
Vendor# ________________?
TO BE COMPLETED BY THE SUPERVISOR AND SIGNED APPROPRIATELY?

Of the dollars requested, the following amount is approved from:

_____ This building’s conference budget: $____________________________________

_____ Grant: Grant Number: __________________________ $_____________________

_____ Other: __________________________ $____________________________________

Substitute paid by the District: _____ Grant: _____ Other: _____

Approved: _____________ Not approved: _____________________

Signed by Supervisor: _____________________________________

Signed by Grant Coordinator: _______________________________

TO BE COMPLETED BY SUPERINTENDENT:

Permission to Attend: Granted: _____ Denied: ________________

Signed: ___________________________ Date: ______________________

TO BE COMPLETED FOLLOWING THE CONFERENCE/MEETING/WORKSHOP

The following section must be completed for REIMBURSEMENT OF EXPENSES. RECEIPTS to cover expenses must accompany this request.

*Pay to:___________________________________________ Date:____________________

List Expenses: Costs:

Miles __________________________ $____________________

Meals $____________________

Housing: $____________________

Registration: $____________________

Tolls: $____________________

Other_____________________________ $____________________

TOTAL REIMBURSEMENT: $____________________

Signature: ___________________________ Date: ______________________

Supervisor: ___________________________ Date: ______________________

Grant Coordinator: ___________________________ Date: ______________________

*If reimbursement should be made to more than one payee, please make a copy of this form for each additional payee.