

**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: \_\_\_\_\_

<b>List Expenses:</b>	<b>Cost:</b>
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.**