Mount Pleasant Cottage School, Union free School District

Conference Request Form

To: Dr. Norman Freimark			Date:	
I wish to	attend the		conference, being held on	
Data(e)	at	Nace City	AM, PM, Whole Day	
		race, city	AM, PM, WHOLE Day	
\$ Estimate	ed Cost			
printed of requeste Your hour hour one hour one lunc make arrows If	conference material must ber who is responsible for co fou are expected to provide r per day that you spend at th hour meeting or one hou rangements for your turnke	e attached. After appronference registration. e turnkey staff develope a conference (i.e., two ar after school will suffice staff development in	cipal as soon as possible. A copy of oval, the form will be returned to the ment for your colleagues at the rate of meetings at 8:30 am to 8:50 am or ce for a one day conference). Please consult with your building principal. ase attach a completed requisition	
		ofessional objectives to	be achieved at the conference:	
Signature of Requester		Print Name		
Signature	e of Administrator	_		
Superinte	endent of Schools	Budget Code	·	
	Use the area b	pelow after the conference to	o detail expenses.	
	Confer	ence Reimbursemen	t Request	
Complete Superinte	e this expense portion imm endent with receipts for exp	ediately after attending penses.	g a conference and return to the	
	Mileage50 control Public Transportation Meals Lodging Registration	ents per mile n	\$	
lote: The S	chool District cannot reimburse fo	or sales tax. Tax Exemption F	Forms are available in the Business Office.	
Date		Signat	ure	