

VALLIVUE SCHOOL DISTRICT #139

Request to Attend Conference and Payment Authorization

Please complete the top portion of this form for all conferences/workshops to be paid with district monies and submit it to your supervisor, along with pertinent conference materials. **Please note the following:**

- This form must be submitted and approved by the Superintendent prior to any commitment of funds.
- All conference arrangements will be made through the district office, unless otherwise approved by the superintendent.
- You will be responsible for notifying Jail Ihli, Conference Coordinator, as soon as possible if you withdraw your attendance at this conference after registration and travel arrangements are made.
- If the district incurs any expense due to your change of plans, remuneration by the conference attendee may be assessed at the discretion of the superintendent.

NAME: _____

CONFERENCE: _____

PURPOSE: _____

DEPARTURE DATE: _____ RETURN DATE: _____

LOCATION: _____

MODE OF TRAVEL: _____

REGISTRATION FEE: _____

LODGING: _____

OTHER PARTICIPANTS: _____

PARTICIPANTS SIGNATURE: _____ DATE: _____

ADMINISTRATOR APPROVAL: _____ DATE: _____

<i>DISTRICT OFFICE USE</i>	
<i>SUPERINTENDENT'S APPROVAL:</i> _____ <i>DATE:</i> _____	
<i>FUNDING SOURCE:</i> _____	
EXPENSES (Amount/AP Source)	<i>PER DIEM ALLOWANCES</i>
<i>Registration</i> \$ _____ (____)	<i>Sun Mon Tues Wed Thurs Fri Sat</i>
<i>Airfare</i> \$ _____ (____)	<i>Break</i> _____
<i>Lodging</i> \$ _____ (____)	<i>Lunch</i> _____
<i>Per Diem</i> \$ _____ (____)	<i>Dinner</i> _____
<i>Other</i> \$ _____ (____)	<i>Total Meals:</i> \$ _____
(_____)	<i>Transportation Costs (shuttle/mileage):</i> \$ _____
<i>Total</i> \$ _____	TOTAL PER DIEM ALLOWANCE: \$ _____