

Newhall School District
Conference & Workshop Attendance Request

Participant is to complete, sign, & return this form to the Office of the Superintendent at least *two weeks prior to registration deadline*. After processing, a copy will be returned to the participant.

Participant Name: _____ Site: _____

Conference Title: _____ Date(s): _____

Organization: _____ Member: [] Yes [] No

Conference Location: _____

ESTIMATED ATTENDANCE EXPENSES	
Registration- [] I will register myself [] District will pay with PO or Credit Card	\$
Mileage- (\$0.70/mile x _____ round-trip miles to and from conference)	\$
Airfare- (Round-trip flight information: _____)	\$
Lodging- (Total number of nights: _____ at \$ _____ nightly rate)	\$
Meals- (Breakfast:\$17, Lunch:\$18, Dinner:\$34, per diem as stated in BP 3350)	\$
Other- (Parking, Tolls, Misc.: _____)	\$
Substitute- Full Day: \$180, Half Day: \$95 (<i>SpEd Full Day: \$190 Half Day: \$105</i>)	\$
Total Projected Cost:	\$
Funding Source (Acct): _____	

Comments/Notes:

My signature below verifies that I have current auto insurance coverage and a valid driver's license.

Participant Signature: _____ Date: _____

-----ATTENDANCE APPROVAL-----

Principal/Supervisor Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

After attending the conference, attach a copy of this fully approved Conference Request Form with original receipts of actual expenses on the Conference Reimbursement Form.