*Please review the instructions below before completing form. All incomplete forms will be returned to applicant.

Preapproval for Conference/Convention Attendance

Please complete this form and attach a copy of the registration form or information describing the conference.

Use of this form Teacher:	School:			
Name of Conference:				
Date(s):	Location:			
	Estimated Costs to Attend Conference/Convention			
Registration Fee	\$		(\$200 Maxim	num Reimbursement)
Transportation	\$	(miles	at .67 cents per mile, ma	eximum of 400 miles)
Meals	\$		(Maxi	mum of \$40 per day)
Lodging	\$	(Maximum:	Chicago/St. Louis - \$173	5, Downstate - \$125)
Sub Needed	\$			(\$135.00 per day)
Total Estimated Costs	\$			
Additional Information	n: (Please indicated	if funded by Title	I or other special funding	g)
Principal's Signature				Date:
Superintendent's Approva (below maximum allowable amount):	l Approved	☐ Denied	☐ Approved in Part	Date:
School Board Action (exceeds maximum allowable amount)	☐ Approved	☐ Denied	☐ Approved in Part	Date:

Final Adoption: May 17, 2017 (5.60-E2)

Updated January 2024

Application Date: ____

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