



Conference/Event Request & Approval Form

Please complete all THREE pages and return to your supervisor

Traveler Information

Name _____

Job Title/Position _____ Department _____

Email _____ Phone _____

Registration Information

Event/Conference Name _____

Description of Purpose (Briefly describe the event and its relevance to your role)

Event/Conference Registration Fee \$ _____

Registration Paid via

School Purchase/Credit Card

Personal Funds (to be reimbursed)

Event Dates & Times

Beginning of Event Date _____ Time _____ AM ____ PM ____

End of Event Date _____ Time _____ AM ____ PM ____

Travel Dates

Departure Date _____ Time _____ AM ____ PM ____

Return Date _____ Time _____ AM ____ PM ____

Location of Travel

City, State, and Zip _____

Event/Conference Location (venue address) _____

Lodging Information

Hotel Name _____

Hotel Address _____

Hotel Phone Number _____

Number of Nights _____ Daily Rate \$ _____ Total Lodging Cost \$ _____

Is the hotel within one mile of the event location? Yes No

If no, reason for selecting this hotel _____

Travel Arrangements

Mode of Travel

Air

Price Quote 1 and Airline (required) \$ _____

Price Quote 2 and Airline (required) \$ _____

Reason for selection _____

Car Rental- Approval from Director Yes No Estimated Cost \$ _____

Personal Vehicle - Mileage Reimbursement Yes No

Departure from (starting location) _____

Destination _____

Total Trip Mileage _____ Estimated Reimbursement (IRS Standard) \$ _____

Ride-Sharing (e.g., Uber/Lyft) Estimated Cost \$ _____

Public Transport (e.g., bus/train) Estimated Cost \$ _____

Taxi - Estimated Cost \$ _____

Other _____ Estimated Cost \$ _____

Meals

Expected Meal Reimbursements

Breakfast (only if no hotel-provided meal) \$ _____

Lunch (only if no conference-provided meal) \$ _____

Dinner (only if no conference-provided meal) \$ _____

Meal Receipts are Required for Reimbursement. The School Will Not Reimburse Any Food Delivery Fees or Alcoholic Drinks. Sales Tax Is Not Reimbursable.

Total Estimated Travel Expenses

Airfare \$ _____

Ground Transfer \$ _____

Lodging \$ _____

Meals \$ _____

Registration Fee \$ _____

Other \$ _____ Please Explain _____

Total Estimated Cost \$ _____**Approval Section**

Supervisor Name _____ Date _____

Supervisor Signature _____

Executive Director Approval (if applicable for rental cars or extended hotel stays)

Name _____ Date _____

Signature _____

Traveler Certification*I have read the travel policy and I hereby certify that the information provided above is true and accurate, and that this travel is beneficial to the performance of my duties.*

Signature _____ Date _____