



Western Wayne School District

CONFERENCE ATTENDANCE AND VISITATION REQUEST FORM

NAME: _____ DATE: _____

BUILDING: _____

CONFERENCE TITLE: _____

SPONSORING ORGANIZATION: _____

DATES OF CONFERENCE: _____ LOCATION: _____

SUMMARY OF APPROXIMATE COST

Please compute mileage, etc.

Maximum reimbursement per Contract: \$350.00

Transportation _____ Car _____ Train _____ Bus _____ Plane _____

Lodging _____

Meals _____

Fees _____

Other _____

Substitute _____ Please specify dates required: _____

Source of Funds _____ Total Cost \$ _____

Please describe briefly how your attendance at this conference or convention, or making this visitation will benefit you and the Western Wayne School District. _____

Signed _____

Recommend Request:

Be Approved _____ Not Be Approved _____

CONFERENCE ATTENDANCE DIRECTED BY SUPERVISOR: _____ YES _____ NO

Date: _____ Signed _____ (Principal)

Recommend Request:

Be Approved _____ Not Be Approved _____

CONFERENCE ATTENDANCE DIRECTED BY SUPERVISOR: _____ YES _____ NO

Date: _____ Signed _____ (Dept. Chairperson)

Request Approved _____ Request Not Approved _____

Date: _____ Signed _____ (Superintendent)