

HUNTINGTON BEACH CITY SCHOOL DISTRICT

CONFERENCE REQUEST FORM

TO BE COMPLETED BY PERSON REQUESTING CONFERENCE LEAVE

Please attach the announcement for the conference to this form including the completed registration form and submit to your supervisor one month prior to the conference.

NAME _____ SCHOOL _____ DATE _____

CONFERENCE _____

LOCATION OF CONFERENCE _____

DATE(S) OF CONFERENCE _____

MAKE CHECK PAYABLE TO _____

(Organization or Conference Name)

REGISTRATION FEE _____

ESTIMATED RELATED COSTS

LODGING _____ FOOD _____ AIR _____ SURFACE _____ TOTAL _____

(Including Registration)

ADVANCE PAYMENT REQUESTED \$ _____

Signature of Conference Attendee

TO BE COMPLETED BY THE PRINCIPAL OR SUPERVISOR

Please complete the following information and FORWARD to THE SUPERINTENDENT for approval. This application will not be processed without the CORRECT CONFERENCE ACCOUNT AND SUBSTITUTE ACCOUNT NUMBERS.

CONFERENCE FUNDS TO BE TAKEN FROM: ACCOUNT NUMBER _____

SUBSTITUTE REQUESTED: YES NO

SUBSTITUTE FUNDS TO BE TAKEN FROM: ACCOUNT NUMBER _____

CATEGORY/PROGRAM _____

SUPERINTENDENT'S OFFICE

CHECK TO BE ISSUED FOR

ADVANCE PAYMENT OR REIMBURSEMENT:

YES NO

Signature of Principal/Supervisor

Superintendent's Signature

Distribution:

Original plus Supporting Documents: Superintendent
Administrative Services