

**BRANDYWINE COMMUNITY SCHOOLS
CONFERENCE ATTENDANCE REQUEST
(To be Completed Prior to Attendance)**

(REGISTRATION FORM and/or CONFERENCE NOTICE *MUST BE ATTACHED FOR APPROVAL*)

Conference Data:

Employee Name _____ Current Date _____
 Conference Name _____ Conference Date _____
 Conference Location _____ Conference Sponsor _____
 Time 1st session begins _____ End time of last session _____

Reason for conference attendance _____

_____ Employee Signature	_____ Date	_____ Supervisor Signature	_____ Date
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Estimated & Exact Costs:

Line-item expenses in excess of the estimated amounts will NOT be reimbursed!

**Estimated & Exact
Known Costs:**

REGISTRATION / FEES _____
 MILEAGE (Round Trip) _____ Miles @ .375 per mile _____
 LODGING (Motel Name) _____
 # of Nights ___ Daily Rate (Include taxes & fees) _____
(Obtain a tax exempt certificate from Admin. to exclude 6% MI tax)
 MEALS (Must provide detailed receipt upon return) _____
 Will a substitute be needed? ___yes___no ___# of days _____
 PARKING FEES and/or MISC. CHARGES _____
 Explain: _____

To be completed by Acctg. Dept.	
ASN#	Approval
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Check Request Prior to Conference: ___ Mail check to vendor ___ Send check to requestor

REGISTRATION / FEES

Registration form <i>must</i> be attached to process check. Attach a second copy to be mailed to vendor.
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_____ Vendor Name	_____ Vendor #
_____ Address	\$ _____ Total amount to be paid

LODGING

Attach copy of hotel fees/confirmation Note: 6% MI tax will NOT be reimbursed if charged.
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_____ Vendor Name	_____ Vendor #
_____ Address	\$ _____ Total amount to be paid

(COMPLETE A LEAVE REQUEST FORM & SUBMIT IT WITH THIS FORM)