

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

Preapproval for Conference/Convention Attendance

Application Date: _____

Please complete this form and attach a copy of the registration form or information describing the conference. Registration fees should be **paid by the participant** and submitted for reimbursement after attendance.

If your request is approved, a copy of this form will be returned to you for your records.

Teacher:	School:
Name of Conference:	
Date(s):	Location:
<i>Estimated Costs to Attend Conference/Convention</i>	
Registration Fee	\$ _____ (\$200 Maximum Reimbursement)
Transportation	\$ _____ (_____ miles at 51 cents per mile, maximum of 400 miles)
Meals	\$ _____ (Maximum of \$40 per day)
Sub Needed	\$ _____ (\$85.00 per day)
Lodging	\$ _____ (Maximum: Chicago/St. Louis - \$175, Downstate - \$125)
Total Estimated Costs	\$ _____
Additional Information: (Please indicate if funded by Title 1 or other special funding)	
Principal's Signature:	Date:
Superintendent's Approval:	Date:

C:\Documents and Settings\Jean Lynn.027UNOJEANL\My Documents\Forms\Conf Req Form NEW.wpd

September 2009

Lincoln Elementary School District #27