## Cotter Public Schools P. O. Box 70 Cotter, Arkansas 72626

## REQUEST TO ATTEND AN EDUCATIONAL CONFERENCE

I am requesting approval to attend the conference indicated below with expenses reimbursed by the School Board.

Name o	of Conference			
Place_		Date		
Dates s	ubstitute requ	iired		***************************************
	Travel	Estimate of Expenses per mile X miles		Submit all travel bills if by common carrier, hotel bills meal receipts, registration fee
	Lodging	days X per day	=	receipts, rental car receipts, etc.
	Meals (not to	exceedper day	) =	with request for reimbursement.
	Other Expense	es - Itemize		
*		TOTAL COST		•
	date		Signatu	re of Participant
	date		Signature of Immediate Supervisor (Approved) (Disapproved)	
	date		Signature of Superintendent (required if total cost exceeds \$300.00) (Approved) (Disapproved)	
	<ol> <li>Request mu</li> <li>Please attac</li> <li>Actual expe circumstanc</li> <li>If more than</li> </ol>	to be submitted to your Immediate be submitted at least three with a copy of the conference schonses will not be approved in excessione person is attending the sartion that travel will be shared.	eeks prior to the conferer edule with request. sess of this estimate exce	pt in unusual

6. For further information on travel reimbursement consult your faculty handbook.

yellow copy - principal

pink Copy -- central office

white copy - participant