***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:
Estimated Costs to Attend Conference/Convention		
Registration Fee	$ _____	($200 Maximum Reimbursement)
Transportation	$ _____	(_____ miles at 50.5 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

August 2008