

Northwest Regional Education Service District
CONFERENCE / WORKSHOP TRAVEL REQUEST
For Licensed, Administrative & Confidential Staff

Please Refer to Board Policies and Administrative Rules (GDL/GDL and GCL/GDL AR; DLC and DLC AR) and Collective Bargaining Agreements (Licensed CBA Article 10 and Classified CBA Article 21) for Professional Development and Travel Expense information.

SECTION 1 – TO BE COMPLETED BY EMPLOYEE

Employee's Name: _____ Job Title: _____ FTE: _____ Employee ID Number: _____

*Conference/Workshop Title: (*Required: Attach Conference Brochure) _____ Conference Date(s) _____ Registration Deadline _____

Conference/Workshop Location: _____ Address: _____ City, State, Zip: _____

Reason for attending the course: _____

I am submitting the completed form with all applicable supporting documentation to my supervisor at least 15 days prior to registration deadlines. I am familiar with the "Conference / Workshop Travel Request" explanation page clarifying how expenses are prepaid and/or reimbursed.

Employee Signature _____ Date _____

SECTION 2 – EXPENSES

Estimated Amount Fiscal Use

Conference Registration (Attach registration information with conference brochure)

Lodging

Conference Hotel Name: _____ Phone: _____

Check In: _____ Check Out: _____ Rate(per night): _____ Total # of Nights: _____

Meals (Enter # for each per instructions on explanation page)

Breakfast: _____ Lunch: _____ Dinner: _____

Mileage (HB = Home Base ~ RT =Round Trip)

Assigned HB: _____ Total RT Miles Home to Conference: _____

Total RT Home To Home Base: _____ # of days will you be driving to conference: _____

Other Expenses

Parking: _____ Materials: _____ Other (If airfare, attach itinerary): _____

Total

SECTION 3 – SUPERVISOR / DIRECTOR

Approved for HR Dollars Approved for Department Funds Dept. Budget Code: _____
 Not Approved

Supervisor Signature _____ Date _____

Director Signature _____ Date _____
 (ONLY FOR DEPT. FUNDS OR OUT OF STATE)

SECTION 4 – HUMAN RESOURCES ADMINISTRATOR

Approved Not Approved

SECTION 5 – SUPERINTENDENT (FOR OUT OF STATE)

Approved Not Approved

Signature _____ Date _____

Signature _____ Date _____