



**C.O.O.R.**  
INTERMEDIATE  
SCHOOL DISTRICT

# Request for Approval: Conference/Workshop/Meeting

Attach a copy of the conference background information and registration form to this request. When checks are required for Prepay Expenses, the request must be submitted to the accounting department **two weeks prior to due date.**

## Pre- Conference Information

Revised 3-17-23 rs

Name: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Conference / Event Title: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

|              | Fees                   | Payable To   | check                    | credit card              |
|--------------|------------------------|--|--------------------------|--------------------------|
| Registration | \$ _____               | _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| Lodging      | \$ _____               | _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| Est. Meals   | \$ _____               |  |                          |                          |
| Est. Mileage | _____ round trip miles | OR <input type="checkbox"/> using COOR car/ carpooling |                          |                          |

|  |               |                   |
|--|---------------|-------------------|
| _____/_____<br><b>Employee Signature</b> | _____<br>Date | \$ _____<br>Total |
|--|---------------|-------------------|

Approval to Attend the above is: ☐ **GRANTED** or ☐ **DENIED**

|                                |               |                               |               |
|--------------------------------|---------------|-------------------------------|---------------|
| _____/_____<br>Department Head | _____<br>Date | _____/_____<br>Superintendent | _____<br>Date |
|--------------------------------|---------------|-------------------------------|---------------|

Accounting Code: \_\_\_\_\_

## Post-Conference/Additional Expenses from Conference/Workshop/Meeting:

Maximum Meal Reimbursement  
if NOT included in conference:  
\$10 breakfast \$15 Lunch  
\$30 Dinner, 15% tips

Lodging \_\_\_\_\_

Meals \_\_\_\_\_ Attach detailed Receipts. See note above.

Travel \_\_\_\_\_ miles X \$0.655 = \_\_\_\_\_

Other \_\_\_\_\_ Attach Receipts & Describe reason

|  |                      |
|--|----------------------|
| _____/_____<br><b>Employee Signature</b> | _____<br><b>Date</b> |
|--|----------------------|

|                                |               |
|--------------------------------|---------------|
| _____/_____<br>Department Head | _____<br>Date |
|--------------------------------|---------------|

Balance Due Employee: \$ \_\_\_\_\_