Wayland Union Schools Conference Request Form

Applicant's Name	Registration Deadline			
Name of Conference				
To be held at		on (dates) _		
All Da	y AM F	PM After School Hours	Summer	
		Cost		
Registration Cos	it		\$	
	Please a	ttach completed registration	on / verification.	
Note: Please arra	ange for sub by schedulir	ng day through Red Rover.		
Lodging	\$ Meals	\$Miscellaneous	\$	
Transportation _	Miles @	Per Mile = Total Transportat	ion \$	_
		TOTAL ESTIMATED CO)ST \$	-
	yee's Signature this conference impact our	school and/or district improvement p		
		Αρρισται		
Approved Denied Approved Denied		Principal / Department Sup	pervisor Signature	Date
		Assistant Superintendent of	of Instruction Signature	Date
outside of our district. (B) A administrator for signature. using school credit card (see For reimbursement, you	Attach completed registration (C) Once approved – see yearetary will complete – be see unust submit actual items (after attending the confidence)	this form for any professional development of the form and any other supporting document of the following secretary to register an sure to provide tax exempt document of the following semized receipts for lodging, making the Conference Expenses on Form.	cumentation. Submit to be and pay for any pre-paid couts as needed for reservateals, transportation, m	uilding/department nference expenses ions etc.). niscellaneous
To be completed by Build	ling/Department Administ	trator (Supervisor)		
Account #		Account Name:		

Routing- Employee to Administrator to Asst. Sup. of Instruction to Admin to Sharedrive to A/P

Copies to: Accts Payable, HR

Forms Conf Request Form Inst Staff 2022-23