



# Conference Attendance Approval Form

**\*Non-Article 13 Funds\***

**This form must be completed and submitted to your Division Dean at least 30 days before in-state conference and out-of-state conference.**  
**Please attach all supporting documents with the completed form for submission to Division Office.**

**APPLICANT INFORMATION** **TODAY'S DATE** \_\_\_\_\_

NAME \_\_\_\_\_ TITLE OR POSITION \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

**CONFERENCE INFORMATION**

CONFERENCE TITLE \_\_\_\_\_

CONFERENCE LOCATION \_\_\_\_\_

CONFERENCE DATE(S) \_\_\_\_\_ SCHOOL DAYS INVOLVED \_\_\_\_\_

**ESTIMATED EXPENSES TO DISTRICT**

REGISTRATIONS FEES \$ \_\_\_\_\_

**PERSONAL VEHICLE COSTS**

NUMBER OF MILES \_\_\_\_\_ X \_\_\_\_\_ (Mileage Rate)

SUBTOTAL FOR MILES \$ \_\_\_\_\_

**OTHER COSTS**

**TRANSPORTATION**  
(Airfare, train, bus, etc.) \$ \_\_\_\_\_

**LODGING**  
(Room charges and taxes) \$ \_\_\_\_\_

**MEALS**  
(Per diem) \$ \_\_\_\_\_

**MISCELLANEOUS**  
(Bridge tolls, parking charges) \$ \_\_\_\_\_

**CAR RENTAL**  
(Prior approval required) \$ \_\_\_\_\_

**TOTAL ESTIMATED EXPENSES** \$ \_\_\_\_\_

*\*Receipt required for reimbursement after conference*

**ESTIMATED EXPENSES (continued)**

**INSTRUCTOR REPLACEMENT COST**  
(If applicable) \$ \_\_\_\_\_

**PROFESSIONAL DEVELOPMENT ESTIMATED EXPENSES**  
(If applicable) \$ \_\_\_\_\_

**ACCOUNT INFORMATION**

Budget Account(s) to be Charged:  
\_\_\_\_\_

**ADMINISTRATION APPROVAL**

DIVISION DEAN \_\_\_\_\_

VICE PRESIDENT \_\_\_\_\_

\*PRESIDENT \_\_\_\_\_

*\*President's signature required if two or more persons attending from college or if out-of-state travel.*