

Date Rec'd Building Office: \_\_\_\_\_  
Rec'd by: \_\_\_\_\_

Date Rec'd Central Office: \_\_\_\_\_  
Rec'd by: \_\_\_\_\_

**SUNMAN-DEARBORN COMMUNITY SCHOOLS  
REQUEST FOR CONFERENCE/PROFESSIONAL DAY**

*Staff member must be a member of the sponsoring organization, where applicable (attach evidence).*

Name of Staff Member(s): \_\_\_\_\_  
\_\_\_\_\_

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Rationale for Attendance: \_\_\_\_\_  
\_\_\_\_\_

Corporation-incurred expenses (add no others):

Will a substitute be required?

1. Registration \$ \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Lodging \$ \_\_\_\_\_

Half Day \_\_\_\_\_ Full Day \_\_\_\_\_

3. Transportation \$ \_\_\_\_\_ ( \_\_\_\_\_ miles x .575)  
\*2015 IRS mileage rate

Grant Paid \_\_\_\_\_

4. Meals \$ \_\_\_\_\_

*Meals are only reimbursed for overnight stays. Please refer to Administrative Guideline 6550 for allowed amounts.*

TOTAL \$ \_\_\_\_\_

Fund: \_\_\_\_\_ General Fund

\_\_\_\_\_ Federal Grant (Title I, Title IIA, Title III):

\_\_\_\_\_ Other (Capital Projects, Transportation, Food Service, State Grant)

\_\_\_\_\_ *I have registered for this event*

\_\_\_\_\_ *I need to be registered for this event*

*If you wish to have the Superintendent's Office send in the registration, please attach it. If you register yourself or pay for your own lodging, the State Board of Accounts requires original receipts for reimbursement. Note that registration, lodging, meals (overnight stays only), and mileage are the only four reimbursable expenses.*

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Approved / Disapproved: \_\_\_\_\_  
Principal/Administrator

\_\_\_\_\_  
Date

Approved / Disapproved: \_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

Account: \_\_\_\_\_