

BARNSTABLE PUBLIC SCHOOLS

REQUEST FOR CONFERENCE/WORKSHOP

**Part A: Prior approval is needed for attendance and expense reimbursement. Attach a copy of conference flyer or brochure to this form.**

Name: \_\_\_\_\_ Date \_\_\_\_\_  
School \_\_\_\_\_ Position \_\_\_\_\_ BTA \_\_\_\_\_ ESP \_\_\_\_\_ BAO \_\_\_\_\_  
Conference Title: \_\_\_\_\_  
Provider \_\_\_\_\_  
Dates of Conference \_\_\_\_\_ Location \_\_\_\_\_  
Registration Fee\$ \_\_\_\_\_  
Is Substitute Required? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, cost of substitute \_\_\_\_\_ days X \$ \_\_\_\_\_ per day= \$ \_\_\_\_\_  
Anticipated Amount of Related Expenses: Mileage \$ \_\_\_\_\_  
Lodging \$ \_\_\_\_\_ Name of Hotel \_\_\_\_\_  
Meals (Breakfast \$ \_\_\_\_\_ Lunch\$ \_\_\_\_\_ Dinner\$ \_\_\_\_\_  
Total Expense Request (registration, related expenses, substitute) \$ \_\_\_\_\_

**Part B: SIGNATURES AND BUDGET CODE MUST BE OBTAINED PRIOR TO THE CONFERENCE/WORKSHOP**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_  
Principal /Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Assistant Superintendent \_\_\_\_\_ Date \_\_\_\_\_  
Budget Code \_\_\_\_\_

**Part C : UPON COMPLETION OF CONFERENCE FORWARD THE FOLLOWING TO PRINCIPAL/SUPERVISOR**

- A. COPY OF ITEMIZED RECEIPTS FOR ANY PRE- APPROVED RELATED EXPENSES (MEALS/LODGING/MILEAGE VERIFICATION FROM GOOGLE)
- B. COPY OF THE CONFERENCE REPORT
- C. THIS FORM

**Part D : Reimbursement - To Be Completed by Principal/Supervisor**

Amount requested \$ \_\_\_\_\_ Amount approved \$ \_\_\_\_\_ Approved by \_\_\_\_\_  
Date: \_\_\_\_\_