

Dolores Schools Re-4A Workshop/Conference Request Form

Must be submitted 2 weeks prior to conference

Name: _____	Today's Date: _____
Name of Conference: _____	
Date(s) of Conference: _____	Conference Site: _____
Registration Fee: \$ _____ (please attach a complete copy of the registration)	
Cash: (For Meals, Parking, etc.) Meals: Yes (how many) _____ No _____	
Parking: Yes _____ No _____ (Please return receipts for meals and other expenses)	
Room Reservations: Yes _____ (please give the dates for reservations)	
Arriving Date _____	Departing Date _____
No reservation needed _____	
If available do you wish to stay at the conference site: Yes _____ No _____	
Additional requests: (non-smoking etc) _____	
To reserve a vehicle please fill out a vehicle request form and submit it to the transportation department: _____	
Gas Credit Cards: Yes _____ No _____	
Airline Tickets: Yes _____ No _____	
Departure date / time _____	Return date / time _____
Car Rental: Yes _____ No _____	
The cost of the conference will be taken from which account: _____	
Any additional reimbursement: _____	
Describe the content and benefits of this conference _____ _____ _____	
Employee Signature: _____	Date: _____
Principal Approval: _____	Date: _____
Superintendent Approval: _____	Date: _____
<i>The day before departure for the conference please come by the district office and pick up any checks, credit cards, etc. that have been requested. Don't forget to submit vehicle requests to the transportation department.</i>	