

ORE CITY INDEPENDENT SCHOOL DISTRICT Workshop Request Form

Employee's Name: _____ Date: _____

Title of Workshop/Conference: _____

Session #: _____

Dates of Workshop/Conference: _____

Location: _____

Registration Fee:		\$ _____
Substitute Cost:		\$ _____
Lodging: _____ days x Daily rate of \$ _____ =		\$ _____
Meals: _____ meals x \$ _____ =		\$ _____
TOTAL EXPENDITURES		\$ _____

Transportation Mode: _____

Departure Time: _____ Date: _____

Return Time: _____ Date: _____

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Business Manager's Signature _____
Date _____

Superintendent's Signature _____ Date _____