OCMBOCES
Committed to Your Success

Conference/Travel Request Form

Vendor # _____   Code #

Coser	Activity	Object	Loc	FY	Trans

Name of applicant _____

I wish to attend _____

(Name of conference/workshop/meeting)
(Attach conference/workshop brochure/announcement)

From _____ to _____ at _____
(Conference starting date)   (Conference ending date)   (City/State)

Travel Dates _____ _____
Leaving   Returning

See Policy #4411 and #5212 for specific information regarding reimbursement policies.

My estimated expenses are:

Transportation $ _____
Registration $ _____
Lodging $ _____
Meals $ _____
Tolls $ _____
Other Expenses (specify) $ _____
Total Estimated Expenses $ _____

RATIONALE FOR ATTENDING THIS CONFERENCE/WORKSHOP/MEETING
Briefly explain the purpose for your attendance at this event

_____   _____
Applicant Signature   Date

_____   _____
Immediate Supervisor   Date

Approval:

_____   _____   _____
Director   Asst Supt/CTO   District Superintendent

_____   _____   _____
Date   Date   Date

Comment: _____

Upon return from the conference, submit the Reimbursement Claim Form to your supervisor with the following attachments:

—Conference/Travel Request Form with   —Original Detailed Receipts
completed Conference Report (on back)

Conference Report

<u>Directions</u>:

1.   Complete conference report in space below.

2.   Return to your supervisor.

<u>CONFERENCE REPORT</u>
(Briefly identify major learning and applications for your program)