

RINGGOLD SCHOOL DISTRICT
Request To Attend Conference / Seminar / Activity

Name of Requesting Party: _____
Department: _____
Date of Activity and Absence: _____
Title of Activity: _____
Brief Outline of Purpose for Attendance: _____

****Please attach Registration Form and any pertinent information****

Prior attendance this fiscal year: _____
How will your position be covered? _____

Estimated Cost of Attendance

		<u>TOTALS</u>
Registration Fees: _____		Registration: _____
Travel:		
_____ Miles each way x 2 = _____	Total miles x _____ cents per mile= _____	
Other (list) _____	Tolls _____	
		Travel: _____
Meals:		
_____ Breakfasts @ \$7.00 = _____		
_____ Lunches @ \$10.00 = _____		
_____ Dinners @ \$24.00 = _____		
		Meals: _____
Lodging: _____	Nights @ single rate of: _____	Lodging: _____
<small>(Attach list of three choices noting any governmental rate - reservations may be at another location if more economical)</small>		
		Substitute Teacher: _____
		<u>TOTAL ESTIMATED ATTENDANCE CHARGE:</u> _____

Approved by:

Building Principal

Assisant Superintendent

Superintendent

Director of Business Operations

Note: This request must be attached to actual summary of expenses when submitting for reimbursement.