

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
Purpose of Attendance: _____

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

Prior attendance this fiscal year: _____

How will your position be covered? _____

Estimated Cost of Attendance:

Registration Fees: _____

Totals

Registration: _____

Travel:

_____ Miles each way x 2 = _____ x .58 cents per mile = _____

Other (list)

Travel: _____

Meals:

_____ Breakfasts@ \$7.00 = _____

_____ Lunches@ \$10.00 = _____

_____ Dinners@ \$24.00 = _____

Meals: _____

Lodging: _____ Nights @ single rate of: _____

Lodging Total: _____

Substitute Teacher: _____

Account: _____

Total Cost: _____

Approved by:

Principal: _____

Superintendent: _____

Director of Business Operations: _____