

# Beal City Public Schools

## Conference Request Form

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Conference Title: \_\_\_\_\_  
 Date(s) of Conference: \_\_\_\_\_  
 Location: \_\_\_\_\_

Expenses:

Registration Fee .....

Mileage

Number of miles traveled \_\_\_\_\_

Mileage Rate .55

Total Mileage Cost .....

Food .....

Lodging

Number of Nights \_\_\_\_\_

Total cost of lodging .....

Other Costs (Describe) .....

\_\_\_\_\_  
 \_\_\_\_\_

**Total Estimated Costs:**

Estimated Costs (For Approval Purposes)
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Registration to be completed by admin. Office    \_\_\_\_ yes    \_\_\_\_ no    \_\_\_\_\_ Date Completed

Registration to be completed by applicant    \_\_\_\_ yes    \_\_\_\_ no    \_\_\_\_\_ Date Completed

Will use school car if available    \_\_\_\_ yes    \_\_\_\_ no    \_\_\_\_\_ Assigned

Approved? <input type="checkbox"/> Yes		Comments:
<input type="checkbox"/> No		_____
_____ Building Administrator/Director	_____ Date	_____

Approved? <input type="checkbox"/> Yes		Comments:
<input type="checkbox"/> No		_____
_____ Superintendent	_____ Date	_____

Instructions:

- Include completed registration form with application. If approved, the registration fee will be mailed with the registration form.
- If approved, you will receive a copy of the original application. If you need to be reimbursed for expenses after the conference please complete a reimbursement request form. Attach receipt for each expense.
- If denied, you will receive a copy of the original application stating the reason for the denial.