Beal City Public Schools

Conference Request Form

Applicant: _____ Date: _____

Conference Title: _____

Date(s) of Conference: _____

Location: _____

Expenses:	Estimated Costs (For Approval Purposes)
Registration Fee	_____
Mileage	
Number of miles traveled _____	
Mileage Rate .50	
Total Mileage Cost	_____
Food	_____
Lodging	
Number of Nights _____	
Total cost of lodging	_____
Other Costs (Describe)	
_____	_____
_____	_____
Total Estimated Costs:	_____

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?	☐ Yes	Comments:
	☐ No	_____
_____	_____	_____
Building Administrator/Director	Date	

Approved?	☐ Yes	Comments:
	☐ 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.