



REQUEST TO ATTEND A PROFESSIONAL MEETING

Name: _____ Date: _____
(please print name)

Job Title: _____

Meeting Title: _____

Meeting Location: _____ Date(s) of Meeting: _____

Sponsoring Organization: _____ Time(s) of Meeting: _____

Explain how this meeting will help you to fulfill your job responsibilities:

Explain how you will share this information with your colleagues:

Funding Is Requested For:		Amount Requested	Amount of Funding Approved
Registration			
Other (specify)			
Other (specify)			
Total			

_____ Registration will be paid by employee, and conference information is attached. Reimbursement will be requested via Expense Voucher with attached receipts.

_____ Registration will be paid by employee. No reimbursement will be requested.

_____ Request registration to be paid by C.A.S.E. Registration form is attached.

Approved **Denied** Acct. No. _____ **Approved** **Denied**

_____ Special Education Administrator _____ Date _____ Executive Director _____ Date

- Office Use Process:
1. Director Assistant (register staff and send confirmation)
 2. Payroll (pay fees if needed)
 3. Human Resources (File a hard copy)