ARMONA UNION ELEMENTARY SCHOOL DISTRICT
CONFERENCE/WORKSHOP PREAPPROVAL

Date: _____ _____

I wish approval to attend the following conference/workshop:
Type of Conference/Workshop: _____
Dates attending: _____
City and State: _____

****Completed Copy of Registration Forms must be attached**

ESTIMATED COST:
Mileage Include Map Quest
Airfare
**Registration Fee
Lodging
Food
Other (please specify)
_____
SUB-TOTAL

A substitute will be required: ☐ Yes ☐ No

Cost of Substitute
TOTAL _____

* I wish a prepaid voucher for my expense: ☐ Yes ☐ No

Employee Printed Name: _____
Employee Signature: _____
Address: _____

****Note: Please save lodging and registration receipts; these must be submitted with your conference/workshop expense voucher.****

PREAPROVAL

Principal Date

Project Director Date

APPROVAL

Superintendent Date

Fund	Resource	Year	Goal	Function	Objects	Site	Percent
							0.00%
							0.00%
							0.00%
							0.00%