ONTARIO-MONTCLAIR SCHOOL DISTRICT

REQUEST TO ATTEND CONFERENCE/WORKSHOP/MEETING

Site/Department ____________________ Subject/Grade Level or Position: ____________________

Nam
e ____________________

Title of Event ____________________

Date(s
) ____________________

Location ____________________

Justification (Briefly explain reason for attending the event) ____________________

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Requestor's
Signature ____________________ Date ____________________

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Full Day Substitute 1/ 2 Day A.M. 1/ 2 Day P.M.

(3 Hours 15 Minutes) (3 Hours 15 Minutes)

Primary
Budget ____________________

Secondary
Budget ____________________

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			REQUESTED BUDGET Primary		Secondary	AUTHORIZED BUDGET Primary		Secondary
Registration Fee		$		/		$	/	
Substitute Expense	$______ x Days	$		/		$	/	
Transportation	Flight	$		/		$	/	
Transportation	(car rental / mileage)	$		/		$	/	
Meals	______ # of meals)	$		/		$	/	
Lodging	______ # of nights)	$		/		$	/	
Other	____________________	$		/		$	/	
TOTAL FUNDS		$		/		$	/	

NOTE: Send all reimbursement forms, receipts, conference brochure and other back-up information to Accounts Payable (Budget Control) no later than 5 working days after conference/workshop to receive authorized reimbursement.

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This request is APPROVED This request is DENIED - Reason

Name of Supervisor Signature Date

Tammy Lipschultz

Approved by District Office Signature Date

Tammy Lipschultz

Out of State Reviewed Signature

Assistant Superintendent, Learning & Teaching

Out of State Approval:

Dr. James Q. Hammond Signature

Superintendent

ROUTE COPIES FOR APPROVAL TO FUNDING SOURCES
Revised 12/2020