

**MARSHALL COUNTY SCHOOLS  
CONFERENCE APPROVAL AND TRAVEL REQUEST**

Page 1 (5.8Addendum-A)

Submit request to principal well in advance of meeting/conference registration deadline date.  
Principals need to submit signed request to Central Office Supervisor 2 weeks prior registration deadline.

Attendees: \_\_\_\_\_ Todays Date: \_\_\_\_\_

\_\_\_\_\_ Activity Date(s): \_\_\_\_\_

Activity: \_\_\_\_\_ Location: \_\_\_\_\_

TCSPP OR TSIP GOAL FOCUSED ON: \_\_\_\_\_

SUBSTITUTE REQUIRED: YES  NO

#of Days Sub Needed \_\_\_\_\_

\_\_\_\_\_  
PRINCIPAL'S SIGNATURE

\_\_\_\_\_  
DATE

**REGISTRATION: (Submit information only. The Central Office will complete registration to vendor.)**

REGISTRATION REQUIRED: YES  NO  Attach registration form. Total Registration Cost \_\_\_\_\_

Make Check/PO Payable To: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**LODGING: (Submit information only. The Central Office will complete reservations.)**

LODGING REQUIRED: YES  NO  # of Nights for Lodging \_\_\_\_\_

(You must return a copy of the hotel receipt to the Central Office.)

Make Check/PO Payable To: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

# of Rooms Needed \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**(Submit information only. The Central Office will complete reservations.)**

**CAR RENTAL REQUIRED:** YES \_\_\_\_\_ NO \_\_\_\_\_ (A receipt must be returned to the Central Office) **AIRLINE REQUIRED:** \_\_\_\_\_ YES \_\_\_\_\_ NO

**ESTIMATED EXPENSE:**

Registration \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

Airline: \$ \_\_\_\_\_

Car Rental: \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ (Parking, tolls, etc.)

Van Mileage: \_\_\_\_\_ miles X \$.30 Cost \$ \_\_\_\_\_

Personal Vehicle: \_\_\_\_\_ miles X \$.51 Cost \$ \_\_\_\_\_

**TOTAL REQUESTED: \$ \_\_\_\_\_**

**How are expenses to be paid? (Check all that apply and enter amounts)**

General Purpose \$ \_\_\_\_\_

Special Education \$ \_\_\_\_\_

Federal Projects \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**APPROVAL: (For Central Office Use Only) Initial approved expense**

\_\_\_\_\_ Absence \_\_\_\_\_ Substitute \_\_\_\_\_ Registration \_\_\_\_\_ Lodging \_\_\_\_\_ Car Rental \_\_\_\_\_ Airline \_\_\_\_\_ Meals \_\_\_\_\_ Mileage Personal

\_\_\_\_\_ Mileage-County Van \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DIRECTOR OF SCHOOLS SIGNATURE

\_\_\_\_\_  
DATE

**MARSHALL COUNTY SCHOOLS**  
**CONFERENCE APPROVAL AND TRAVEL REQUEST**  
**Page 2 (5.8Addendum-A)**

I have read and understand all Marshall County School Board policies and Administrative Procedures related to the use and reimbursement of staff development funds. I understand I may be asked to present information obtained from this conference to other Marshall County employees for staff development or in-service. Signature required of all attendees listed on page one.

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