## **CONFERENCE FORM**

NAME:	DATE OF CONFERENCE:					
CONFERENCE TITLE:			LOCATION:			
OTHER ATTENDEES:						
BUDGET CODE:			_			
BUDGET CODE:						
REGISTRATION			AIRFARE			
Company Name:			Company Name:			
Did you register?	YES	NO	Did you book flight?	YES	NO	
Does company take a PO?	YES	NO	Employee Credit Card?	YES	NO	
(If YES- attach PO requsition & supporting documents)			District Credit Card?	YES	NO	
Vendor #			(Attach Flight Information and Price)			
Req # PO #						
(If NO, how will it be paid?)			Estimate Cost:			
Employee Paid?	YES					
District Credit Card?	YES	NO	Actual Cost:			
(Attach Registration Form)			LODGING			
			Company Name:			
Estimate Cost:			Did you book hotel?	YES	-	
			Does company take a PO?	YES	NO	
			If YES- attach PO requsition-ROOM+TAX)			
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			YES	NO		
(Attach Car Rental Information/price)			(Attach hotel reservation information/price)			
Estimate Cost:			Estimate Cost:			
			(Attach original receipts after conference)			
			Estimate Cost			
-						
	Actual Cost:					
-						
ESTIMATE TOTAL CONFERENCE COST:			•			
SIGNATURES & DATE						
Superintendent: Date:						
Actual Cost: PARKING/TOLLS (Attach original receipts after conference) Estimate Parking Cost: Actual Parking Cost: MEALS-Not Included in Conference (Fill in estimate #'s before and actual #'s after) BREAKFAST: X \$11.00 = LUNCH: X \$12.00 = DINNER: X \$23.00 = TOTAL MEAL COST:			If YES- attach PO requsition-ROOM+TAX) Req # PO # (If NO, how will it be paid?) Employee Paid? YES NO Mail check in advance? (ATTACH PO REQ) YES NO (Attach hotel reservation information/price)			