

OXFORD PUBLIC SCHOOLS

REQUEST TO ATTEND CONFERENCE

Please print clearly and submit original to the Superintendent's Office. NOTE: If you plan to seek reimbursement for costs incurred, you must submit original receipts for all expenditures.

EMPLOYEE NAME: _____

SCHOOL/DEPARTMENT: _____

TITLE OF CONFERENCE: _____

AREA OF EDUCATION: _____

LOCATION OF CONFERENCE: _____

DATE(S) OF CONFERENCE: _____

TOTAL NUMBER OF DAYS: _____ FEE: _____

TRAVEL ARRANGEMENTS:	Private Vehicle _____	Estimated Cost: _____
	Air/Train/Bus _____	Estimated Cost: _____
	Lodging _____	Estimated Cost: _____
	Meals/Other _____	Estimated Cost: _____

TOTAL ESTIMATED COST OF CONFERENCE: _____

ACCOUNT TO BE PAID FROM: _____

PLEASE NOTE: Administrators are urged to budget for conferences each spring for the upcoming fiscal year. Conference Requests not reflected in the School Budget may be denied.

RECOMMEND _____ DO NOT RECOMMEND _____

PRINCIPAL/ADMINISTRATOR

DATE

FOR SUPERINTENDENT'S OFFICE USE ONLY

APPROVED: _____ DENIED: _____

SUPERINTENDENT OF SCHOOLS

DATE: _____