

**FRANKLIN COUNTY SCHOOLS**  
**CONFERENCE/WORKSHOP REQUEST FORM**

Staff Member Name: \_\_\_\_\_ School \_\_\_\_\_

Subject Area, Grade, or Dept.: \_\_\_\_\_

Title of Conference or Workshop: \_\_\_\_\_

Date (s) of Conference or Workshop: \_\_\_\_\_

Will this require overnight accommodations (hotel)?       yes                       no

Location of Conference or Workshop: \_\_\_\_\_

**ESTIMATED EXPENSES FOR YOUR TRIP:**

HOTEL \$ \_\_\_\_\_ # NIGHTS \_\_\_\_\_ REGISTRATION FEE \$ \_\_\_\_\_

ESTIMATED MEALS (IF STAYING OVERNIGHT) \$ \_\_\_\_\_ ESTIMATED TRAVEL \$ \_\_\_\_\_

**PRIOR TO SUBMISSION:**

Staple a copy of any information you have on the meeting to this form  
Each person attending must do a separate request form.

**UPON APPROVAL:**

Conference registration and hotel reservations are **YOUR** responsibility.  
Central Office will issue a check for hotel to save sales tax.  
Let us know at least one week in advance if you need a hotel check.  
You will receive an approved copy of this form with a blank travel form on back.

**IMMEDIATELY FOLLOWING THE CONFERENCE/WORKSHOP:**

Forward to the central this approved form with completed travel form on back.  
If overnight stay was approved, staple all **ITEMIZED** meal and lodging receipts to the back.

**PRINCIPAL'S SIGNATURE:** \_\_\_\_\_

**TO BE COMPLETED BY CENTRAL OFFICE PERSONNEL:**

**FUNDING SOURCE & APPROVAL:** \_\_\_\_\_

**SUPERINTENDENT'S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**IS THE TRIP OUT OF STATE?**       YES                       NO

**IF YES:      DATE OF BOARD APPROVAL:** \_\_\_\_\_ REV. 10-15-15

