

AUBURN PUBLIC SCHOOLS  
Auburn, Massachusetts  
OUT-OF-DISTRICT CONFERENCE REQUEST\*



**\*YOU CANNOT REGISTER UNTIL YOU RECEIVE A SIGNED COPY OF THIS FORM BACK\***

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ ASSIGNMENT: \_\_\_\_\_  
Current

MEETING OR CONFERENCE TITLE\*\*: \_\_\_\_\_

\*\*Please attach a copy of meeting or conference brochure when sending to Superintendent for approval

LOCATION: \_\_\_\_\_

DATE OF MEETING: \_\_\_\_\_

This course relates to (check all that apply):

- District focus. How? \_\_\_\_\_
- School Improvement Plan. How? \_\_\_\_\_
- My Professional Development Plan. How? \_\_\_\_\_

Once a signed/approved copy is returned, please have the PO generated by the building secretary and forwarded to Central Office along with a copy of this approved document.

If this request involves release time, district payment, and/or substitutes, approval of the building principal is required prior to submitting your request to the Superintendent.

Please be advised that I (do) (do not) recommend approval of this request.

Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent of Schools

P.O.#: \_\_\_\_\_

REIMBURSEMENT REQUEST\*

*Registration.....	\$ _____
Mileage (Approx.) _____ miles @ \$.505 per mile.....	\$ _____
*Tolls and Parking.....	\$ _____
*Other (please specify).....	\$ _____
TOTAL.....	\$ _____

*\*Original receipts must accompany reimbursement request along with the pink signed copy of the purchase order.*