



Mannheim School District 83

Bilingual Educational Conference Request Pre-Approval Form

Teacher's Name:	
School: <input type="checkbox"/> AC <input type="checkbox"/> E <input type="checkbox"/> MECC <input type="checkbox"/> M <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> W	Grade/Position:
Name of Conference:	
City/Location of Conference:	
Date(s) of Conference:	Time of conference:
How will this conference contribute toward your professional responsibilities?	

Estimated Expenditures

Transportation: Mileage must be calculated based upon above/beyond your normal commute to work, unless the conference is on a non-attendance day.	Plane _____ Mileage _____ @ 58¢ per mile Car Rental _____ Taxi _____	\$ \$
Registration Fees		\$
Daily Room Cost	\$_____ for _____ days	\$
Meals		\$
List and estimate miscellaneous expenses		\$
Requested \$ Amount		\$
Approved \$ Amount		\$

For Office Use

Conference request has been: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Principal & Date:	Bilingual Director & Date:
Substitute: <input type="checkbox"/> Yes <input type="checkbox"/> No	When:
Reimbursement Procedures: <i>Resubmit this approval form to the Bilingual Director's office upon your return from the conference. Attach all itemized receipts for reimbursement purposes and a copy of the district's conference evaluation sheet.</i>	