

**WHITEHALL CENTRAL SCHOOL DISTRICT
CONFERENCE REQUEST FORM**

Name of Applicant _____
Date

Name of Activity _____
Date of Activity

Location of Activity _____
Sponsor of Activity

Describe anticipated values of the activity to you as an educator and to the District.

How will you share the information with colleagues?

Applicant's Signature _____

ESTIMATED EXPENSES
1. REGISTRATION FEE \$ _____
2. LODGING _____ DAYS @ _____ \$ _____
3. MEALS _____ DAYS @ _____ \$ _____
4. TRAVEL BY _____ \$ _____

DEPARTMENT HEAD
DATE RECEIVED _____
APPROVED _____ NOT APPROVED _____
REMARKS _____
SIGNATURE _____

PERSONAL CAR:
_____ MILES @ _____ PER MILE
PARKING \$ _____
TOLL CHARGES \$ _____

PRINCIPAL'S RECOMMENDATION
DATE RECEIVED _____
APPROVED _____ NOT APPROVED _____
REMARKS _____
SIGNATURE _____

TOTAL TRAVEL COST \$ _____
5. OTHER-LIST _____ \$ _____
_____ \$ _____
_____ \$ _____

Superintendent's Action
_____ Approve
Date _____ Not Approved

TOTAL ESTIMATED EXPENSE \$ _____ Signature _____

_____ I am registered _____ Please register for me, forms attached
Is the School vehicle requested? _____ Yes _____ NO Pick up time _____ Return Time _____
Is a substitute required for you on this day? _____ Yes _____ No
For office use only: School vehicle is _____ Available _____ Not Available