CONFERENCE REQUISITION: (LILAC PAPER ONLY)

MAYFIELD CENTRAL SCHOOL DISTRICT

(MUST BE SUBMITTED AT LEAST ONE MONTH PRIOR TO "PAYMENT DUE DATE") AGENDA AND REGISTRATION FORM MUST BE ATTACHED

I have already registered for conference	I have not yet re	gistered for conference
	DATE:	
EMPLOYEE:	DEPT/PROGRAM_	
CONFERENCE TITLE:		
CHECKS PAYABLE TO:		
ADDRESS:	City	State Zip Code
Street/PO Box CONFERENCE COST: \$		
(Conference registration form and/or agenda sl	howing cost must be at	tached)
CONFERENCE DATE(S) & TIMES, 20fi	romam/pm	toam/pm
LOCATION:		Participation
ESTIMATED TRAVEL EXPENSE, IF APPLICATION (Mileage claimed must be between MCS and destination.	ABLE: \$A green mileage claim form	will need to be completed.)
OTHER EXPENSES \$ PURPOSE	OF EXPENSES:	
		(e.g. substitute, etc)
TOTAL ESTIMATED EXPENSES: \$		
(You must provide receipts for all expenses)		
ATTENDEE'S SIGNATURE:		
APPROVED: (PRINCIPAL)		
APPROVED: (DISTRICT SUPT/PURCHASING OF	FICIAL)	

ACCOUNT CODE: A20704

IT WILL BE EACH PRINCIPAL'S RESPONSIBILITY TO NOTIFY THEIR TEACHERS IF THEIR CONFERENCE REQUEST IS APPROVED OR NOT.