

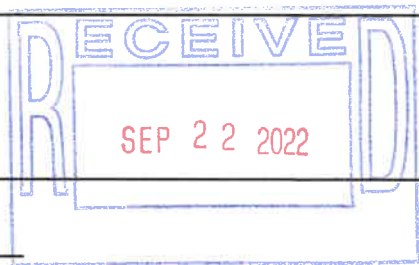
Request to Attend Conference / Meeting

THIS FORM MUST BE COMPLETED AND APPROVED BEFORE REGISTERING FOR THE CONFERENCE/WORKSHOP.

Individual Attending Hannah Kroll
Name of Conference SAP Training
Location of Conference Virtual (in building)
Date(s) November 7,9, and 11th Days of Week M,W,F

Are you an active member of the organization sponsoring this event? Yes No
Is this conference directly related to a classroom assignment? Yes No

Purpose of conference:
SAP Team Training



Number of school days absent for conference/meeting: 2
Total number of days requested for conference/meeting: 3 (include travel time)
Estimated time of departure: NA
Estimated time of return: NA

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: _____
Lodging: _____
Meals: _____
Registration: \$325.00
Other: _____
Total Estimated Expenditures: \$325.00

SUBSTITUTE NEEDED:
 Yes (# of Days) 2
 No

**All receipts must be itemized.
Tips are not reimbursable.**

Submitted by: Hannah Kroll Date: 9/21/2022

Recommended to Superintendent: Yes No Robert Z. [Signature]
Principal Signature

Account # 10242-360 Amount/% _____
Account # _____ Amount/% _____

Recommended to School Board for Approval: [Signature]
Superintendent Signature

Date Approved by School Board: _____

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