

### Request to Attend Conference / Meeting

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

Individual Attending Joyce Butler  
Name of Conference A/CAPA (Attendance/Child Accounting Professional Association)  
Location of Conference Virtual  
Date(s) 4/12-13/2023 Days of Week Wednesday and Thursday

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:  
Training and updates with Child Accounting.

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

**COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:**

Travel: \_\_\_\_\_  
Lodging: \_\_\_\_\_  
Meals: \_\_\_\_\_  
Registration: \$100.00  
Other: \_\_\_\_\_  
**Total Estimated Expenditures: \$100.00**

**SUBSTITUTE NEEDED:**  
 Yes (# of Days) \_\_\_\_\_  
 No

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

Submitted by: Joyce Butler Date: 2/24/2023

Recommended to Superintendent:  Yes  No Alan R. Mc  
Principal Signature

Account # \_\_\_\_\_ Amount/% \_\_\_\_\_  
Account # \_\_\_\_\_ Amount/% \_\_\_\_\_

Recommended to School Board for Approval: Alan R. Mc  
Superintendent Signature

Date Approved by School Board: \_\_\_\_\_

Distribution:  Original - District Office  Copy 1 - Teacher  Copy 2 - Building Office