



# West St. Francois County R-IV Schools

## Request for Conference Attendance

<b>PDC use only:</b>
Date Reviewed: _____
Approved: _____
Not Approved: _____
<i>(See comments if not approved)</i>

Name: \_\_\_\_\_ Building: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Location of Conference: \_\_\_\_\_

Date of Conference: \_\_\_\_\_

### Anticipated Cost of Conference

Registration Cost: \_\_\_\_\_ Lodging Cost: \_\_\_\_\_

Substitute required: \_\_\_\_\_ If yes, how many days: \_\_\_\_\_

### CSIP or BIP Goals Being Addressed

Building Principal Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

*All expenses will be paid by attendee and reimbursed per the district reimbursement policy. Registration for conference can be paid by district if attendee processes the proper requisition, through the proper channels, in the proper time frame.*