NORTHWEST SCHOOL DIVISION #203
COMMUNITY SCHOOLS
CONFERENCE REQUEST / EXPENSE CLAIM FORM

Name: _____ Role: _____
(Teacher, student assistant, parent, volunteer, etc.)

Conference Requested:
_____

Location: _____ #of days: _____ # of Sub Days: _____

Start Date & Time: _____ End Date & Time: _____

PLEASE ATTACH PROGRAM

Conference attended (previous school year): _____

PLEASE COMPLETE BEFORE ATTENDING CONFERENCE:	PLEASE COMPLETE AFTER RETURNING FROM CONFERENCE:
What do you hope to learn? _____ _____ _____ _____ _____ _____ _____ _____	Comments on strengths/ weaknesses/value of the event: _____ _____ _____ _____ How will you use it? _____ _____ _____ _____
Projected Expenses: Registration: _____ Meals: _____ Lodging: _____ Transportation: (_____ km.) _____ TOTAL ========	Actual Expenses (Attach receipts) Registration: _____ Meals($10,$15,$25): _____ Lodging: _____ Transportation: (_____ km.) _____ TOTAL ========
I ___ require transportation I ___ could transport ___ passengers _____ _____ Participant's Signature Date _____ _____ Principal's Signature Date _____ _____ Director's Signature Date	_____ _____ Participant's Signature Date _____ _____ Principal's Signature Date _____ _____ Director's Signature Date Office Use Only:

PD Request Expense Community School.doc