ORCHARD VIEW SCHOOLS

REPORT OF EDUCATIONAL CONFERENCE

AND REQUEST FOR REIMBURSEMENT

Submitted by:_____

Date(s) of Conference:_____

Name of Conference:_____

Held at (City, College, Camp, etc.):_____

Comments:_____

_____

CHECK REQUEST FOR UNPAID CONFERENCE EXPENSES

Name:_____ Address:_____

Vendor #:_____ City, Zip:_____

Account Number:_____

☐ Registration Fees _____

☐ Meals (Limit ___/day) _____

☐ Lodging _____

☐ Other _____

Total $0.00

Itemized receipts are necessary for any reimbursements requested. The District will not reimburse for alcohol beverages.

Approvals

Building Administrator: _____ Date:_____

Superintendent and/or designee:_____ Date:_____