

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 _____

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: _____