

SECTION 1 REQUEST FOR PAYMENT OF REGISTRATION/TRAVEL APPROVAL

Event/Workshop _____ City/State _____
 Dates: _____

Attendees		Estimated Expenses				
Name	Sch #	Travel \$	Meals	Lodging	Other	Total

SECTION 2 REQUEST FOR SUBSTITUTE/VOCATIONAL PROGRAMS ONLY

Substitute Required? Y/N Substitute Code: _____ Cost \$ _____

Principal's Signature _____ Date _____
 Director's Signature _____ Date _____
 Department Head (if applicable) _____ Date _____
 Superintendent (Out-of-State travel) _____ Date _____

Requires payment of registration as follows: **Submit two copies of registration forms with this form**
Bookkeeping Use Only

Make Check Payable to: _____ Vendor # _____
 Code: _____ Amount Due _____

Date due to vendor: _____ (Please allow 10 days for check to be mailed.)

1. Obtain proper signatures (Bookkeeping will be responsible for obtaining Superintendent's).
2. Allow 10 days for check to be mailed after turning in the bookkeeping.
3. Faxed copies will not be allowed.

<p>THIS INSTRUMENT HAS BEEN PRE-AUDITED IN THE MANNER REQUIRED BY THE SCHOOL BUDGET & FISCAL CONTROL ACT.</p> <p>Finance Officer/Designee _____ Date _____</p>	<p>PAYMENT INFORMATION</p> <p>Check # _____ Check Date _____ Amount \$ _____</p>
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Please return form to _____ at _____