

Cincinnati Central School District Conference-Workshop Request Form

Name of Applicant	Dates of Conference/Workshop
Name of Conference/Workshop	Location of Conference/Workshop
Responsibility in Conference/Workshop	Address of Conference/Workshop

Describe the anticipated values of the conference realizing a ***specific*** district goal:

Describe how you propose to communicate the value received to the school staff:

Date: _____ Applicant Signature: _____

Transportation Usage

Request of District Van Usage

Circle One: Yes or No

Comments:

Estimated Expenses

Registration Fee:

Lodging:

Meals:

If district van unavailable:

Miles: X

0.555

Parking:

Tolls:

Other (List):

Principal's Recommendation

Approval

Date Received

Yes

No

Comments/Funding Source/Budget Code:

Signature: _____

Superintendent's Recommendation

Approval

Date Received

Yes

No

Comments/Funding Source/Budget Code:

Signature: _____

Total:

Copy to Transportation if applicable

Copy to Applicant

Copy to Principal

Copy to Personnel Office
