

## Cincinnatus 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 0.70

Parking:

Tolls:

Other (List):

Total:

Copy to Transportation if applicable

Copy to Applicant

Copy to Principal

Copy to Personnel Office

### 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:

\_\_\_\_\_