

BENZIE COUNTY CENTRAL SCHOOLS

CONFERENCE/WORKSHOP REQUEST APPLICATION

Name _____ Date of Application _____
Building _____
Assignment _____
Conference _____ Date _____
Days Out of School _____ Account# _____
Location _____ Sub Needed _____ Yes _____ No

Estimate of Expenses

Reg. Fees _____
Meals _____
Lodging _____
Mileage _____
Other _____
TOTAL _____

Actual Expenses

Reg. Fees _____
Meals _____
Lodging _____
Mileage _____
Other _____
TOTAL _____

Attendance at this activity will benefit myself and/or the school district by:

Applicant Signature: _____ Date _____

Principal Approval: _____ Date _____

Superintendent Approval: _____ Date _____

Applications must be submitted 4 weeks prior to the conference. Meal expenses will be reimbursed as follows: Breakfast-\$5.00, Lunch-\$8.00, Dinner-\$12.00, not to exceed \$25.00 per day. Actual expenses must be submitted within 7 days following the conference. Receipts must be attached to be reimbursed for actual expenses. (White - Business Office, Pink - Principal, Yellow - Applicant)