

CONFERENCE PRE-APPROVAL OF REIMBURSEMENT REQUEST

PLEASE SUBMIT THIS FORM TO AMY SMITH FOR PRIOR APPROVAL OF CONFERENCE REIMBURSEMENTS

Registration fee for Conference \$ _____

Mileage (round trip from your school or home, whichever is shorter and use the current mileage rate found on the BOE finance page)

miles _____ **@** _____ \$ _____

Meals (\$25 per day if you are staying overnight) \$ _____

Any other costs associated with trip \$ _____

Total requested for reimbursement \$ _____

Please use the bottom of this page to state the name of the conference and conference location, the hotel and number of nights of the conference, and why this conference would pertain to your current position within Randolph County Schools.

_____ DATE _____

Name

Signature

APPROVED _____ DENIED _____ DATE _____

Amy Rowan Smith, Federal Programs Director