

## **Conference/Workshop Request Form**

## **INSTRUCTIONS:**

- This form must be completed by you and approved by the Superintendent prior to making arrangements. Write a statement in the box below of how this conference/workshop will be applied to your curriculum. 1.
- 2.

3. Attach a copy of t	ino program								
Name		Site: Location			Request Date				
Conference Title:					1				
Departure Date:	Departu	_ Departure Time _		Return [	eturn Date:		Return Time:		-
EXPENDITURE DETAIL Registration (Please attach copy of c	onference b	prochure/pr	ogram)			ESTIMA \$	ATE —	ACTUAL \$	_
Substitute Cost		x \$ ys		<u> </u>	=	\$		\$	=
Transportation		ys x ate) x#ofM		_	=	\$	<del></del>	\$	_
	Other _		_		=	\$		\$	_
Lodging	<u>X</u>		- 5 .		=	\$		\$ \$	_ \$
Parking	# of Day <u>x</u> \$	•	Rate		=	\$	<u> </u>		
Other					=	\$			
Per Diem Meal Allowand Please	e* e check the b	oox if the me	eal is <b>NOT F</b>	PROVIDE	<b>D</b> at the con	ference			
Break	fast	Day 1	Day 2	Day 3	Day 4	Day 5			
Lunch									
Dinne	r								
*Maximum amount	Valley ROP	pays = \$18.		ated Tota st; \$20.00		00/dinner; \$	\$74.00 max/d	lay	
Estimated Total Cost						\$	\$		
		Busine	ess Office	e Use C	nly				
Fund	Resource	 Yr	Goal		Function		Object	Site	

Notice of Non-Discrimination

It is the policy of Valley ROP not to discriminate unlawfully in its educational programs and personnel practices on the basis of race, ethnic background, sex, color, religion, national origin, ancestry, age, physical handicap or medical condition. This non–discrimination policy applies to students, employees, and prospective employees of the Valley ROP. Contact: (559) 876-2122.