

## ADMINISTRATIVE MEETING/CONFERENCE FORM

This form must be completed when requesting to attend a meeting or conference which is not part of your regular work schedule. List anticipated expenses in the "Pre-Approval" section. If approved, the form will be signed and returned to you. This will serve as your authorization to attend the meeting. Upon your return, the "Request For Reimbursement" section must be completed and submitted with appropriate receipts.

NAME:	ADDRESS:	
POSITION:		
WORK LOCATION:	DAYTIME TELEPHONE:	
TITLE OF MEETING/CONFERENCE:		
LOCATION OF MEETING/CONFERENCE:		
DATES(S):	FUNDING SOURCE:	
Have you been requested to be a participant in this meeting/conference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your expenses being paid by the conference?      If YES, please list on reverse.		<input type="checkbox"/> Yes <input type="checkbox"/> No

### PRE-APPROVAL FOR ATTENDANCE

Registration Fee:					_____
Hotel:	_____	x	_____	=	_____
	Nights		Rate		
Meals:	Breakfast _____	x	\$5.75	=	_____
	number				
	Lunch _____	x	\$5.75	=	_____
	number				
	Dinner _____	x	\$17.25	=	_____
	number				
Mileage:	Miles _____	x	.505	=	_____
	number				
Total Estimated Cost				=	_____

**PROGRAM DIRECTOR:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Not Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 \_\_\_\_\_

### PLEASE FORWARD THIS FORM TO THE EXECUTIVE DIRECTOR

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REQUEST FOR REIMBURSEMENT

*I certify these expenses were incurred in association with my attendance at this meeting/conference:*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_