

WILLARD CITY SCHOOLS
CONFERENCE, CONVENTION AND CLINIC
REIMBURSEMENT REQUEST

Conference, convention or clinic attended: _____

Sponsored by: _____

Date(s): _____

Place held: _____

Expenses: (Please attach initialed receipts)

Transportation _____

Parking/Tolls _____

Lodging _____

Meals _____

Registration _____

Total _____

*Attach a resume of the meeting.

*Submit to building principal for goldenrod copy of the Purchase Order.

Employee signature _____ Date _____

Approved by Superintendent _____ Date _____