

Laurel Public Schools
WORKSHOP/CONFERENCE/EVENT
Registration & Travel Request Form

Date Submitted: _____

Attendees: _____

Name of Event: _____

Event Location (City/State): _____ Date of Event: _____

Date of Departure: _____ Time of Departure: _____ a.m. / p.m.

Data of Return: _____ Time of Return: _____ a.m. / p.m.

Registration Contact Information: _____

(Please attach registration form if available)

Hotel Choice (provide phone/fax numbers please):

1st _____ Phone: _____

2nd _____ Phone: _____

3rd _____ Phone: _____

Event Funded By: _____

Registration \$ _____

Lodging \$ _____

Transportation \$ _____

Per Diem \$ _____

Other \$ _____

TOTAL \$ _____

Principal's Signature: _____ **Date:** _____

A conference travel reimbursement request form must be completed after the conference and turned in to your supervisor for their approval. Reimbursement requests will be processed at the Administration Office and a reimbursement check will then be issued. Receipts for meals during a conference are not required; reimbursement for meals will be based on the current state daily per diem.

Please return this completed form to the Accounting Clerk (Administration Office). All travel plans will be made upon submission of a completed/approved form.