

SHERBURNE-EARLVILLE CENTRAL SCHOOL
Sherburne, New York 13460

CONFERENCE REQUEST FORM

To: Superintendent Sherburne-Earlville Central School
Sherburne- Earlville, New York 13460

From: _____ Dale: _____
(Name)

(Grade and/or Department) (Building)

I hereby request permission to attend the following conference/workshop:

(Name of Conference or Workshop)	Conference Expense Summary:
(Dates of Conference or Workshop)	Lodging
(Location)	Meals
	Registration
	Transportation (Will be paid only if school vehicle IS NOT available)
	Other
	TOTAL \$

Building Conference Code: _____

Approved by Building Principal (or Supervisor): _____

(Date)

(Superintendent)

Note: Please include a description or conference brochure, when available.

White copy to Treasurer _____ Date
Pink copy - Personnel File _____ Date

Yellow copy to Building Principal _____ Date
Gold copy to District Office _____ Date

