



MID VALLEY SCHOOL DISTRICT

Administration Office, 52 Underwood Road, Throop, PA 18515

Phone (570) 307-1108 Fax (570) 307-1107

CONFERENCE REQUEST FORM

Date Submitted: _____

Name

Date(s) of Event

Conference, Workshop/Seminar Topic: _____

Location: _____

Briefly Describe how you expect this activity to benefit you professionally:

Registration Fee: \$ _____

Hotel Room Expense: \$ _____

Estimated Travel Costs: \$ _____

Estimated Meal Expense: \$ _____

Substitute: \$ _____

TOTAL ESTIMATED COSTS; \$ _____

Supervisor Approval: _____ Date: _____

Superintendent Approval: _____ Date: _____

Board Approved Date: _____

*In order to be reimbursed for expenses the **School Employee Travel Reimbursement Expense Form** must be completed and submitted to the Business Office after you return from your Conference. This form is only for the Conference Request approval.*