

# REQUEST TO ATTEND

CONFERENCE/WORKSHOP



OFFICE OF BUSINESS ADMINISTRATION

PROVISO TOWNSHIP HIGH SCHOOL DIST. 209

SELECT SCHOOL:

☐

EAST

☐

WEST

☐

PMSA

☐

DISTRICT

DATE OF REQUEST:

CONFERENCE DATE(S):

TIME:

REGISTRATION DEADLINE:

CONFERENCE TITLE:

CONFERENCE LOCATION

NAME:

TITLE:

EMAIL:

PHONE:

SUB NEEDED?

☐

YES

☐

NO

IF YES, WHICH PERIODS?

## ANTICIPATED EXPENSES

\$

REGISTRATION FEE

PAYMENT OPTIONS:

\$

MILEAGE/PARKING/TOLLS (67¢ Per Mile)

\$

HOTEL

\$

MEALS (Refer to Conference and Travel Procedures)

\$

AIRFARE FLIGHT PREFERENCE

☐

MORNING

☐

AFTERNOON

☐

EVENING

*\*Only required if flight is needed\** Date of Birth:

Cell Number:

\$

OTHER EXPENSES - PLEASE EXPLAIN:

\$

OTHER EXPENSES - PLEASE EXPLAIN:

APPROVED BY:

CHAIR/SUPERVISOR:

DATE:

PRINCIPAL/ADMINISTRATOR:

DATE:

DIRECTOR OF SPECIALIZED SERVICES:

DATE:

ASSISTANT SUPERINTENDENT FOR ACADEMICS:

DATE:

SUPERINTENDENT:

DATE:

(Required for ALL out of state travel)

OFFICE USE ONLY - FUNDING SOURCE:

PTHS DISTRICT 209 OFFICE OF  
BUSINESS ADMINISTRATION:

8601 Roosevelt Road, Forest Park, Illinois 60130

☐

TITLE I

☐

TITLE II

☐

CTEI

☐

PERKINS

☐

LOCAL

☐

IDEA

☐

LIP/LEPS

THANK YOU FOR YOUR INFORMATION

PTHS209.ORG