

WEST BOLIVAR CONSOLIDATED SCHOOL DISTRICT

REQUEST TO ATTEND MEETING

Employee: _____ Soc. Sec. Number: _____

School: _____ Date: _____

Title of Activity: _____ Location: _____

Type of Activity: _____ Conference _____ Workshop _____ Other

Specify: _____

Departure Date: _____ Time: _____

Return Date: _____ Time: _____



Funds Requested: _____ YES _____ Fund Source: _____

_____ NO

Estimated cost of Activity: \$ _____

Transportation: _____ Personal Car

_____ Travel With _____

_____ Other _____

Approved: _____ YES _____ NO

Employee's Signature

Date

Principal's Signature

Date



Approved: _____ YES _____ NO

Superintendent's Signature

Date

*Application due in Central Office 5 days prior to meeting
** Travel voucher must be completed if funds are requested