

Conference / Curriculum Review

This form must be completed by each employee prior to compensation.

Last Name: First Name: Today's Date:

Primary Building: Department/Grade Level: Preferred Contact Number:

Conference

Conference Title:

Event Sponsored by:

Name of Substitue: Sub Days Required:

Start Date: End Date:

Time(s):

Total Cost:

Registration:

Meals:

Lodging:

Travel:

Tolls:

Total Cost:

*Attach all supporting documents
(i.e. receipts, vouchers)*

Summer Curriculum Work

Date(s)	Time(s)

Hours Completed:

Total Amount Paid Per Hour:

Total to be Paid:

On-Site Work Area (all curriculum work must take place on site):

Conference / Curriculum Detail:

Event / Activity Brief Description:

Accomplishment of Work:

How can you share this information with colleagues and/or students?

OFFICE USE ONLY:

Funding Approved:

Supervisor's Signature:

CoSer 526 Cross Contract

School Business Official's Signature: