

WILLMAR PUBLIC SCHOOLS – ISD #347 APPLICATION FORM FOR WORKSHOPS or CONFERENCES

Applicant(s):	Position Title:					
Date of Application: (Appli	Application must be approved a week before the conference begins)					
Nature of the Workshop, Conference, Clinic and Sponsoring A						
District or Building Goal that focuses on this request:						
Place: Da	tes:					
Substitute needed? Yes OR No Tir	me:					
Description of Cost	Staff Development			TITLE II	OTHER	
	Carry Over Cost	Building Cost	District Cost	Title II Cost	Other Cost	
Registration Fee:						
Transportation: When transportation is required, a completed 'Vehicle Request Form" must accompany workshop application. If no vehicle is available, mileaae is reimbursed at the IRS rate.						
Hotel: Arrival Date Depart Date						
Meals: \$10.00 - Breakfast \$14.00 - Lunch \$24.00 - Dinner						
Substitute: (\$115.00 or \$125.00 / day + benefits)						
Other: Specify						
Total:						
Please use this checklist to verify that all required information is given: The application is complete Applicant / Building Administration signatures are obtained Arrangements for sub have been made (secondary) A completed registration form is attached Hotel information is included (if a hotel room is needed) Workshop employee reimbursement forms and receipts are to be returned immediately after the workshop for reimbursement to the Finance Department at WEAC.		Please check those that apply: O I have registered for the workshop. Please send a check to: O Please register me for the workshop with a payment to: O Hotel Information is included (arranged by the site secretary) O A vehicle request form is included (only if a vehicle is needed)				
Budget Code:	Comments:					
Signature of Applicant(s):		Signatu	ure of Staff I	Dev. Rep		
Signature of Building Administrator:						