



Blackhawk

School District

CONFERENCE REQUEST

Employee Name (s) _____ Building _____

Meeting / Event _____ Location _____

Date (s) _____

Educational Value _____

Transportation Cost: \$ _____

Substitute Cost (\$150 per day) \$ _____

Registration Cost \$ _____

Meals \$ _____

Lodging \$ _____

Other District Expenses \$ _____ (Explain below)

TOTAL DISTRICT COST \$ _____

District Expenses Budgeted Yes No

Other District Expenses _____

Teacher Signature _____ Date submitted to Supervisor _____

Supervisor Signature _____ Date submitted to District Office _____

Please submit at least 7 days prior to the Work Session