



Professional Meeting Request

DATE: _____

Employee Information	
Name:	Email:
Program:	Position:

Conference Information	
Title/Description:	
Presented By: (Vendor)	Date of Conference:

Estimated Expenses		
Registration \$	Travel \$	Meals \$
Hotel \$	Misc (List)	Total \$

To be Completed by Staff Member

- Confirmed/Reserved Conference Space Availability (pending approval) YES NO
- Payment Required for Registration: (Check One Below) Payment Due Date: _____
 Purchase Order Prepayment Required (SOWIC to Pay)
 No Payment Prepayment Required (Employee Paid)
- Approved by Building Principal (*Substitute Availability*) _____
- Forward this Request and Completed Conference Registration Form to Program Administrator for approval

To be Completed by Program Administrator

- Verify Funds Available YES NO
- Program Administrator Approval: _____
- Forward to Bookkeeper for processing

Vendor Name	Account Number
Bookkeeper Approval	Director Approval
Registration Sent	Staff Notified