	GRUNDY	COUNTY BO	DARD OF E	DUCATION		
	C	ONFERENCE	REQUEST FO)RM		
Approved: Pending: Denie				Purchase Order #:		
Fund:	Account:	Object:	Sub Fund;	Cost Center:	Sub Object	\$
Supervisor's Signati	ure:			Date:		
Principal's Signature: Date:						
Finance Manager Signature: Date:						
Director's Signature:				Date:		
		CONFERENCI	E INFORMATION		, - 	-
Conference Name;	and the second s					
Conference Dates: Registration Fee(s):						
	Address:					
	No) (If yes, please fill out Hotel			Hotel PO # (Office	· Use)·	
	es or no):	, , , , , , , , , , , , , , , , , , , ,	ama of Subatilutar	13011 0 11 (011100	, 000j. <u></u>	
Please explain how y	our school's most recent Imp		es this expenditure:			
<u> </u>						<u>,</u>
Requestor Name (pri	nt):	E	nail Address:			
Requestor's Signature			chool;		Date:	
sure to allow enough: your conference requ payment will be mailed paid for by the con		sually two weeks) for y ive a copy of this form ive. Mileage (if applica oursed after the confe erence end date. Reim concerns, please call	your request to be apply with the Director's sound meals (excepted) and meals (excepted) and meals received Stacey or Arlene at 6 Use Only 1 Items Submitted for Payn Conference Brochure	proved and your regingular regingular of approval of those provided as and meal reimbursement after the 10 days will 192-3467 ext 107.	istration check to At that time, yo part of the confi ents, please fill o I not be accepted	o be written, It ur conference erence) will be ut a Travel I. If you have
VOT			Registration Information Approved Request to Pur	chase		
		_	Approved Purchase Orde Appropriate Signatures			
			Appropriate signatures Agenda attached			