# EOC logo identifier.JPG

**CONFERENCE /WORKSHOP & TRAVEL REQUEST FORM**

### PLEASE PRINT OR TYPE

**MUST BE DISCUSSED AND SIGNED PRIOR TO SUBMISSION OF ALL ATTACHMENTS.**

**PRIOR APPROVAL REQUIRED: YES SUPERVISOR SIGNATURE / DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Date: |  |
| Requested By: |  |
| Program (If Instructional Services): |  |
| Purpose of Travel : |  |
|  |
| Destination (City, State, County): |  |
| Mode of Transportation (Air/Train/Road Vehicle Rental): |  |
| Estimated Cost of Transportation: | $ |
| Estimated Cost of Lodging: | $ |
| Registration Fee: | $ |
| Registration Deadline Date: |  |
| Departure Date and Time: |  |
| Return Date and Time: |  |
| Justification (Attach copies of all registration information): |  |
|  |
|  |
|  |

**Signature of Initiator**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVAL SIGNATURES**

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| --- |
| Supervisor Signature & Date: |
| Assoc. Dir. / Dir. of Education Signature & Date: |
| Admin. Services Director Signature & Date: |
| Executive Director’s Signature: |
| Admin. Services Sr. Staff Asst. Signature & Date: |

### AVAILABILTY OF FUNDS YES NO FUND SOURCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST APPROVED YES NO**

|  |
| --- |
| Reason: |
|  |
|  |
|  |

*Rev: 11/27/2014*