



## CONFERENCE/TRAVEL PRE-APPROVAL REQUEST

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Dates: \_\_\_\_\_ Location of Meeting: \_\_\_\_\_

Other Staff Members Attending: \_\_\_\_\_

Reason for Attending: \_\_\_\_\_

Do you require a substitute? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, contact SEA President. If NO, enter absence in AESOP.

### **Estimated Expenses:**

(Indicate an amount requested for each category and the account number to be charged. Prepayment is allowed for meeting registration fees only.)

Registration, Workshop Fees \_\_\_\_\_ \$ \_\_\_\_\_

Transportation \_\_\_\_\_ \$ \_\_\_\_\_

Lodging \_\_\_\_\_ \$ \_\_\_\_\_

Meals \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL ESTIMATE: \$ \_\_\_\_\_

TOTAL PREPAYMENT (for registration): \$ \_\_\_\_\_

**Prepayment requests must include completed registration forms and are to be listed below:**

<u>Payee</u>	<u>Amount</u>	<u>Date Required</u>
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Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President/Vice President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Maximum Authorization: \_\_\_\_\_

*A copy of this completed, signed form is to be attached to SEA Voucher when submitting expenses for reimbursement.*

*Report filed for presentation: \_\_\_\_\_*

## Conference Attendance Report

Title of Conference: \_\_\_\_\_

Attendee(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Brief description of the conference:

What did you learn?

What impact did this conference have on you?

How can the SEA apply the information you learned?

What are your potential next steps?

What will you need from the SEA to follow through on your next steps?

Who will you be presenting this information to?

***Please submit this form to Lori Mobley within one week of your attendance at the conference.***