



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:

Payee

Amount

Date Required

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.