



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>
_____	_____	_____

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: _____
Attendees: _____

Date (s):

Presentation target audience and date of presentation:
Brief description of the activities:
What were you hoping to learn?
What did you learn?
What impact did it have on you?
How can our organization apply this information?
Is this a project you are willing to lead?
What will you need to complete this project?