

Conference Request Form

Name	Date
Job Title	Department

List below the conference you wish to attend.

Conference	Dates	Organization	Conference Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

What other expenses do you anticipate which would be eligible for reimbursement? Mileage, meals, etc.?

What is the registration deadline? _____

What is your reason for enrollment? Please Explain.
 Job Related
 Degree Program
 Other

Are you receiving assistance with fees from any other source?
 Yes
 No
 If yes, please explain.

Signature _____ Date _____

NOTE: Reimbursement may create a tax liability.

Conditions for Reimbursement

Approved by _____	Date _____
Approved by _____	Date _____
Disapproved by _____	Date _____