

MEDINA COUNTY SCHOOLS' ESC
124 West Washington St.
Medina, OH 44256

CONFERENCE/WORKSHOP ATTENDANCE REQUEST AND EXPENSE VOUCHER

To: **Superintendent** Date: _____

From: _____ Position: _____

Title of Event: _____

Sponsored by: _____

Date(s): _____ Location: _____

Brief explanation of conference/workshop: _____

Other ESC Employees attending: _____

Conference will be: _____ Half Day _____ Full Day _____ 2 or more

| Expenses to be reimbursed | Estimate | Actual | Please check box for Treasurer's Office to handle |
|---|----------|--------|--|
| Registration | _____ | _____ | <input type="checkbox"/> |
| Hotel Room | _____ | _____ | <input type="checkbox"/> |
| Travel/Mileage @ 55 1/2 ¢ mile | _____ | _____ | Miles _____ |
| Meals | _____ | _____ | |
| Other (explain) _____ Parking, tolls, etc. | _____ | _____ | |
| Total | _____ | _____ | |

- Submit at least ten working days prior to conference/workshop. **Out of state-30 days prior to workshop.**
- Please inform Treasurer's Office if you need to reserve a credit card.
- Itemized receipts must be turned in to the Treasurer's Office following the conference/workshop
- District Supervisor approval _____

Treasurer's Office Use

Funds Available _____ Partial Funds Available _____

Treasurer

Account # _____

Superintendent/Date

P. O. # _____