

EOC Tech Center

Conference Registration Approval Request

(Please submit request for Supervisor's approval, then forward to the Business Manager.)

Conference Information (Attach Conference Registration Information Form to Request)

Name of Conference: _____
Where: _____
When: _____
Cost: _____
Supervisor's Approval: _____
PO Number: _____
Complete: Business Mgr Initials _____

(To Be Completed by Business Manager)

Hotel Information (YES/NO)

Name of Hotel: _____
Number of Night(s): _____
Cost: _____
PO Number: _____
Complete: Business Mgr Initials _____

Airline Information (YES/NO)

Airline Ticket Online Purchase: _____
PO Number: _____
Complete: _____

Out of State Per Diem Information (YES/NO)

Per Diem Request: _____
PO Number: _____
Complete: Business Mgr Initials _____

Travel Reimbursement Form (YES/NO)

Mileage: _____
Meals Receipts: _____
Other: _____

School Vehicle Request (YES/NO)

Car Rental Information (YES/NO)

Name of Car Rental Company: _____
Cost: _____
PO Number: _____
Complete: Business Mgr Initials _____