



Board of Cooperative Educational Services

Sole Supervisory District of
 Albany-Schoharie-Schenectady-Saratoga Counties
 900 Watervliet-Shaker Road, Suite 102
 Albany, New York 12205
 Phone: (518) 862-4920 Fax: (518) 862-4949

CONFERENCE/TRAVEL REQUEST FORM

TO: _____ **DATE:** _____

FROM: _____

- | | |
|--|--|
| <p>1. I am requesting approval for the following:</p> <p>Activity: _____</p> <p>Location: _____</p> <p>Dates: _____</p> <p>Person(s) attending: _____</p> <p>_____</p> | <p>2. Estimated Expenses:</p> <p>Registration: _____</p> <p>Lodging/Meals: _____</p> <p>Transportation: _____</p> <p>Other: _____</p> <p>_____</p> <p>Total: _____</p> |
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3. Purpose(s) of this activity: _____

4. How will this activity benefit the classroom/Division/BOCES? _____

5. If available, please attach a copy of the conference brochure.

Approval Routing:	Approved/ Not Approved	Signature	Date
Principal/*School Superintendents (Itinerants)	_____	_____	_____
Director	_____	_____	_____
Asst. Dist. Supt. for Business	_____	_____	_____
District Superintendent	_____	_____	_____

* **ITINERANT TEACHERS** - Conference/travel expenses of Itinerant Teachers are shared by those districts in which the teacher works and thereby must received authorization from each Superintendent.

NOTE: It should be recognized that not all conference/travel requests can be honored because of budget limitations. Therefore, the responses to items 3 & 4 on the Request Form will be critical in establishing priorities.

I approve the activity described on this Request Form and agree to share in the expense:

Superintendent _____ Date: _____

Superintendent _____ Date: _____

Superintendent _____ Date: _____