

**OBION COUNTY BOARD OF EDUCATION
CONFERENCE/MEETING APPLICATION**

Employee's Name: _____

School: _____

Position and Grade Taught: _____

Name of the conference you would like to attend: _____

Location of Conference: _____

Have you ever attended the conference before? ___ Yes ___ No

If yes, how many times? _____

Give a brief statement as to why you want to attend this conference.

Conference Dates: _____

Place a check by the expenses you wish to be reimbursed:

_____ 1) Registration

_____ 2) Meals

_____ 3) Lodging (Must include Name of Hotel/Cost per night): _____

_____ 4) Gas Reimbursement (*See note below)

Will you be driving a county car? ___ Yes ___ No

_____ 5) Other (Specify): _____

***If you choose to drive your own vehicle on overnight trips, the cost of fuel will be reimbursed when receipts are submitted. Mileage will not be paid. If you prefer to drive a county vehicle, please contact Martha Roney or Larry Parks at the Bus Garage.**

One of the requirements for attending this conference will be that you must be willing to share information or skills learned with your faculty.

Employee's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Approved by: _____

Date: _____

