



**Lenawee Intermediate School District**  
**CONFERENCE REQUEST/EXPENSE VOUCHER**

Billed by LISD/PD      Amount

Reimburse Applicant      \$

Account No.

Last Name

First Name

Department

Conference Title  
*(please attach brochure/flyer)*

Conference Date(s)

Conference Location

Conference Purpose/Goals

- Applicants desiring SB-CEUs are reminded to check with the LISD Professional Development Center a minimum of 45 days prior to the event in order to apply for the CEUs within Michigan guidelines.
- **Be sure to attach a conference brochure/flyer with this form.** • **Actual Professional Development Hours** \_\_\_\_\_

**COMMITMENT TO PROVIDE INFORMATION TO STAFF/COMMUNITY**

*In support of this request, the applicant is willing to:*

Submit article for "As of Today" and/or "VT Times" (w/in 30 days of event)

Not Applicable / Reason (discuss w/supervisor):

Make department presentation (w/in 30 days of event)

Lead Professional Development workshop (w/in 90 days of event)

Other (Attach Description to this form)

**ESTIMATED EXPENSES**  
*(completed PRIOR to conference)*

**ACTUAL EXPENSES**  
*(completed AFTER conference and submitted with detailed receipts)*

REGISTRATION FEE		REGISTRATION FEE <i>(attach completed registration form)</i>	
LODGING/MEALS		LODGING/MEALS	
MILEAGE (____ Miles @ ____/Mile)		MILEAGE (____ Miles @ ____/Mile)	
OTHER EXPENSES		OTHER EXPENSES	
TOTAL ESTIMATED		TOTAL ACTUAL EXPENSES	
Total reimbursed to date		LESS ADVANCE PAYMENTS	
Conference dates used:		TOTAL to REIMBURSE	
		APPROVED BY SUPERVISOR	DATE

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CONFERENCE APPROVAL**

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature Supervisor	Reason for Denial	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature Asst. Superintendent	Reason for Denial	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature Superintendent <i>(Amts. over \$1500)</i>	Reason for Denial	Date