

REQUEST FOR APPROVAL TO ATTEND CONFERENCE

<input type="checkbox"/> Initiated at Program Charge to Program	<input type="checkbox"/> Initiated By Employee Charge to Employee Release Time	<input type="checkbox"/> Initiated at Administration Charge to Administration
Please Select Appropriate Box		
Employee Name:		Program/Office:
Conference Topic:		
Sponsored By:		
Conference Date:		Conference Location:
Describe how the Conference relates to your responsibilities at MCCMH and how it would aid in the fulfillment of those responsibilities. _____ _____ _____		
Estimated Conference Expenses For Which Reimbursement Will Be Requested		
Release Time Hours:	Meals:	
Conference Fees:	Transportation:	
Lodging:	Other:	
Total Estimated Expenses: \$ _____		
NOTE: If registration fees are to be paid in advance, or if lodging must be guaranteed in advance, please place an asterisk (*) following the amount indicated and attach the necessary forms to this request. All reimbursable expenses incurred must be reported on the Conference Mileage Report. In the event there is a prepayment of expenses, the Conference Mileage Report submitted should reflect the actual expenses incurred and include itemized receipts for all expenses.		
Requester's Name:	Signature:	Date:

PROGRAM INITIATED REQUESTS		
Approved Denied Reason for Denial: _____		
<input type="checkbox"/>	<input type="checkbox"/>	
Supervisor Name:		Date:
Copies to Division Director, Employee		

ADMINISTRATION INITIATED REQUESTS		
Requester's Name:	Signature:	Date:
Requested by Division Director or Executive Director		
Copies to Supervisor, Employee		