

SCHUYLKILL INTERMEDIATE UNIT 29

Program:

☐ IU☐ STC

CONFERENCE, WORKSHOP, SEMINAR REQUEST

Applicant: _____ Date: _____

Shop and/or Title: _____ Substitute Needed: ☐ Yes ☐ No

REQUEST PERMISSION TO ATTEND THE FOLLOWING:

Title or Event: _____

Location: _____

Date(s): _____

Purpose: _____

PROJECTED EXPENSES

Registration: \$ _____

Accommodations: \$ _____

Meals: \$ _____

Miles at \$0.655 per mile: \$ _____

Transportation: \$ _____

Miscellaneous: \$ _____

Total Expenses: \$ _____

☐ Carpooling

With: _____

(Signature Applicant)

The activity sponsor will submit ACT 48 credit: ☐ Yes

☐ No

If No:

Are you requesting IU 29 submit ACT 48 credit? ☐ Yes

☐ No

If Yes, complete and submit Form 48-29-02 with this request.

Payment Options:

☐ Check Payment executed by the Business Office with Completed Registration Form (Attached).

☐ Credit Card Payment executed by Applicant upon approval.

ADMINISTRATION ACTION

☐ REQUEST APPROVED

☐ REQUEST DENIED

X _____
(Administrator Signature)

Budget Account Code

☐ BUSINESS OFFICE

☐ OFFICE

☐ APPLICANT