

PARTICIPATION REQUEST FORM FOR EMPLOYEES OF MADISONVILLE CISD

TYPE OF MEETING(S):

- Educational Program
- Workshop
- Conference

TITLE/
DESCRIPTION/
REGISTRATION
NUMBER

SPONSORING ORGANIZATION

LOCATION

DATE(S)

TIME(S)

TRANSPORTATION
REQUESTED:

EXPENSES OTHER
THAN MILEAGE:

PAID BY:

- Mini-van
- Private
- Other*

- Meal(s)
- Lodging
- Registration Fee

- Employee
- District
- Activity Fund

*Contact Durham

CHECK IF APPLICABLE:

- Substitute Required
- District Credit Card Required

Please provide the date and time you will be picking up the credit card if it is required:

Please Note: All registrations and hotel accommodations will be made through the Central Office. Please include this information with your request.

All requests should be completed and turned in to the respective campus principal for approval **prior** to participation/registration.

EMPLOYEE:

CAMPUS:

ADMINISTRATOR:

DATE:

SUPERINTENDENT:

DATE:

FOR CAMPUS ADMINISTRATOR / CENTRAL OFFICE USE ONLY

Budget and account number to be used for:

Substitute:

Registration:

Registration completed on _____.

Hotel reservations completed on _____ Confirmation#: _____.