

AVON GROVE SCHOOL DISTRICT

West Grove, Pennsylvania

***Preliminary Cost Estimate, Approval for Attendance
at a Professional Conference***

Name _____

Building _____ Date of Request _____

Location of Conference _____

Date(s) of Conference _____

Organization Sponsoring Conference _____

Purpose and Scope of Conference _____

ESTIMATED COSTS:

Mileage @ 0.580 _____ \$ _____

Room _____ \$ _____

Meals _____ \$ _____

Conference Registration _____ \$ _____

Other (Specify) _____ \$ _____

CHARGE CODE: _____

APPROVED BY:

Principal

Date

Superintendent

Date

School Board President

Date

(Prepare in duplicate: 1 copy for teacher, 1 copy for business office)