



# Ada City Schools Request for Workshop Funding

Name of Workshop/Conference		
Attendees		
Dates:	Location:	No. of Nights

Requested Expenses			Amount
Transportation		Air    Taxi or Shuttle    Rental car    Other	
		Air    Taxi or Shuttle    Rental car    Other	
		Air    Taxi or Shuttle    Rental car    Other	
School Vehicle Personal Vehicle		Estimated #of miles _____ x \$0.56	
Parking			
Meals Inc 15% Tip	No. of Days _____	Not to exceed \$50.00 In-state or \$60.00 out-of-state x _____no. of Days	
Registration	Vendor: _____	No. of Registrations _____ x registration fee amount \$ _____	
Lodging	Vendor: _____	Amount per night _____ x no. of nights x _____ no. of rooms	
Sub Pay	No. of Days _____	\$64.59 non-certified sub; \$75.36 certified sub x _____ no. of days	
Other		Purpose	
To be paid from what project		Project # _____	
<b>Total Requested Expenses</b>			

Requestor's Signature:	Date:
Principal's/Director's Signature:	Date:
Superintendent's Signature:	Date:
Date of Board Approval	Date: