

OPHS CONFERENCE/FUNDING REQUEST APPROVAL

(FOR CONFERENCES PAID BY SITE/DISTRICT FUNDING)

REQUESTED BY: _____ DATE: _____

DEPT. OR SPORT/ACTIVITY: _____

CONFERENCE NAME: _____ FUNDING SOURCE: _____

DATE(S) OF CONFERENCE: _____

CONFERENCE DESCRIPTION:

SUB NEEDED: YES ____ HOW MANY DAYS? ____ PERIODS ____ NO ____

FEE: \$ ____ TRAVEL: ____ FOOD: ____ LODGING: ____ = TOTAL: ____

DEPT. CHAIR APPROVAL: _____ PRINCIPAL APPROVAL: _____

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