

**SOUTH CENTRAL
BOARD OF COOPERATIVE EDUCATIONAL SERVICES
323 S. Purcell Blvd.
Pueblo West, CO 81007**

WORKSHOP AND CONFERENCE AUTHORIZATION REQUEST

NOTE: **BOCES staff attendance at workshops and/or conferences shall be limited to three (3) days per year. No claim for reimbursement will be processed without prior authorization. All information regarding workshop and/or conference must accompany this form.**

NAME: _____ DATE(S) REQUESTED _____

ADDRESS _____ CITY _____ ZIP _____

CONFERENCE TITLE: _____

LOCATION: _____

AUTHORIZED BY: _____
DIRECTOR

_____ EXECUTIVE DIRECTOR

(Please fill out the **Expenses Requested** portion of this form)

Employee requested meeting/conference: Receipts will be required for all expenses including meals. Meals will be reimbursed if an overnight stay is required for workshop/conference. If conference is a single day and no lodging is required, receipt with an agenda attached showing 'lunch meeting or 'dinner meeting'. Reimbursement will be made at the rate of \$6.50 breakfast, \$7.00 lunch and \$16.50 dinner or a total of \$30 per day, if appropriate. Actual cost up to \$50 will be paid for lodging.

BOCES requested meeting/conference: The above requirements apply with the exception that BOCES will pay the receipted cost of meals (within reason), and full lodging.

You must turn in all receipts i.e., meals, lodging, parking, etc. to receive reimbursement.
NO EXCEPTIONS!!

EXPENSES REQUESTED	OFFICE USE
Mileage _____ BOCES Car _____	Approval Mileage _____ / _____
Food breakfast(#) _____ lunch (#) _____ dinner (#) _____	Food breakfast _____ / _____ lunch _____ / _____ dinner _____ / _____
Lodging _____ (# of nights)	Lodging _____
Registration _____	Registration _____ / _____
Other (parking, etc.) _____	Other _____
	Total _____ paid _____
	Total Other _____ paid _____