REQUEST FOR TRAVEL/ 5 OR MORE PARTICIPANTS OR GREATER THAN \$5,000 APPROVAL

<u>Directions:</u> Complete a form for each individual in the district requesting to attend the event. Incomplete forms and those without the required documentation and signatures will be returned unsigned district. All travel must have prior board approval. For information related to lodging and per diem rates, refer to http://lwww.gsa.qov, and for eligible subsistence/reimbursement, refer to N.J.S.A. 18A: 11-12; N.J.A.C. 6A:23A-5.8; 5.9 and New Jersey 0MB **Circulars:** 06-14-0MB and 08-19-0MB.

District Name: Township of Union Board of Education	Request Submission Date: August 22, 2018
Name of Event: NJSBA Workshop 2018	Event Location: Atlantic City, New Jersey
District Contact Name: Gregory E. Brennan, School Business Administrator/Board Phone: 908-851-6411 Fax: 908-964-1462	Secretary
JUSTIFICATION OF NEED	
Attendance at various workshops at NJSBA Workshop Cor Jersey.	nvention in Atlantic City, New
Construction Associated Science Associated	D (2010
Superintendent Signature:	, 2018
District Board of Education approval date: August 21, 2018	

REQUEST FOR TRAVEL/ 5 OR MORE PARTICIPANTS OR GREATER THAN \$5,000 APPROVAL

PARTICIPANTS' NAME(S) TITLE Departure Date/Time Returning Date/Time				
Departure Date: October 22, 20	18			
Return Date: October 25, 2018				
Indicate type of Travel Event: x Training/Seminar x Convention/Conference				
	Retreat	Other (specify)		

FUNDING BREAKDOWN				
Registration: \$150.00	Meals:	Other Costs:		
Airfare: 0 **Lodging: \$00	Parking: Taxi: \$	Total Requested:	Total Requested: \$	
* Other Costs (provide explanati	on and breakdown):			
count(s) Budgeted: 7242/11-0	00-230-580-01-23-0060	Total Amount in Budge	eted Account: \$7,000.00	
		0		
*** For lodging, indicate if the			NoX	
List goals and objectives from the	district's Professional	Development Plan:		
For County Office Use Only				
Approval Granted:	Request Denied:		No Action Taken	
Approved Costs:				
Registration: \$ Mea	als: \$	1 - The state of t	Other Costs: \$	
Airfare: \$ Parkii Lodging \$ Taxi:	•	al Approved: \$		
LACCUTIVE County Superintendent	Signature	Date		
		The state of the s		