

SAN LUIS VALLEY BOARD OF COOPERATIVE EDUCATIONAL SERVICES

WORKSHOP REGISTRATION FEES REQUEST FORM

Today's Date \_\_\_\_\_

Instructions:

1. Request must be filled out by person making request.
2. Request must be filled with the program director **two weeks prior to date requested.**
3. The program director must approve the request.

DATE PROFESSIONAL LEAVE WILL BE NEEDED \_\_\_\_\_ DEPARTURE TIME \_\_\_\_\_

NAME OF PERSON REQUESTING LEAVE : \_\_\_\_\_

PURPOSE OF LEAVE : \_\_\_\_\_

DESTINATION : \_\_\_\_\_

NAME OF WORKSHOP: \_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_

SIGNATURE OF PERSON SUBMITTING REQUEST : \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Please check one:  Mail check  Return check to requestor

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

(Signature) Program Director

For office use only:  
Invoice No. \_\_\_\_\_

Account No. \_\_\_\_\_