

Request for Extended Travel

(THIS REQUEST FORM REQUIRED FOR TRAVEL OUTSIDE OF THE 200-MILE RADIUS)

NAME: Mary Larson

DATE: June 30, 2009

DEPT/BUILDING: Business Services

PURPOSE:

Attend the Association of School Business Officials annual conference. This is an annual conference where key state leaders meet to network, gain professional expertise and learn about new topics.

Oregon ASBO has the distinction this year to have the President of ASBO International from our state. This is quite an honor for OASBO. Also, this is the 99th year for ASBO International and the first conference was held in Chicago, Illinois. ASBO has been working to celebrate this conference with even deeper sessions and speakers. Early news has been the U. S. Department of Education Arne Duncan will be a speaker during the conference.

ASBO and Oregon ASBO are the two areas for myself and staff to garner expertise in this very specific field.

DISTRICT BENEFIT:

I will represent Parkrose School District along with Chris Gibb and Becky Nino. Past ASBO conferences have been an excellent opportunity to hone professional skills.

Becky, Chris and I have each applied for a \$1,000 scholarship from Oregon ASBO. OASBO has granted up to ten scholarships in the past to help support professional development for school district business officials.

TRAVEL DETAILS: 1. **DESTINATION :** CHICAGO, IL

2. **TRAVEL DATES:** OCTOBER 22-27, 2009

<i><u>ESTIMATED EXPENSES:</u></i>	<i><u>DESCRIPTION</u></i>	<i><u>COST</u></i>
• TRAVEL	AIR	\$400.00
	SHUTTLE	\$35.00
• MEALS	Per diem @ \$49 per day	\$294.00
• LODGING	5 nights @ \$260	\$1300.00
• REGIS/FEES	Conference fee	\$595.00
• SUBSTITUTE	none	
• OTHER		

TOTAL: \$2624.00

BUDGET SOURCE(S):

Source	Budget Code	Amount
• GENERAL FUND:	01-79-2240-64-0244	\$2624.00
• WORKSHOP FUNDS:		
• CONTRACT REQUIREMENT:		
• OTHER:	SCHOLARSHIP APPLIED FOR WITH OASBO \$1000	

TOTAL: \$2624.00

SUPERVISORS RECOMMENDATION AND COMMENTS:

SUPERVISOR SIGNATURE: _____

SEND FORM TO SUPERINTENDENT/DESIGNEE:

SUPERINTENDENT/DESIGNEE RECOMMENDATIONS/COMMENTS:

OK

H Gray

6/23/09

BOARD ACTION:

NOT-REQUIRED _____ REQUIRED _____ X APPROVED _____ DISAPPROVED _____ DATE: _____

I AGREE THAT ALL OF THE INFORMATION ON THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

EMPLOYEE SIGNATURE: _____

Mary Yastrom

DATE: _____

6/17/09