NAME:



## PERC REQUEST

Local Travel and Professional Expenses

## LOCAL CONFERENCE

ORGANIZATION:			
DATE:			
SUB NEEDED:	Yes	or	No
REGISTRATION FEE:			
TRANSPORTATION:			
Please attach registration forms to request. If you are attending with other staff members, please submit one PERC requests and registration together. After approval, your registration will be forwarded to the main office. The main office will pay for the conference on your behalf.			
submit one PERC reques	sts and r	egistra	tion together. After approval, your registration will be
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Please submit PERC request to Chris Stanford via email - chris.stanford@d214.org.

After approval, please submit the approval form and receipts to Joyce Kim for reimbursement.