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			 a	an	d agenda	
	Time					
Return Date	Time					
	Amo	unt				
Meals (See Note be						
Travel/Transportation			 			
Т	otal					
			nent (destination must be great			
			daries. Employees must be in 1 ny me27(e)2 (27)0.6 ( 5 (r)6 q)12			) <b>][02</b> 6 <b>2</b> 314
Employee Signature					Date	
1						=
Principal/Program Admin	istrator				Date	
Business Office					Date	
Superintendent					Date	
	Navie	LaTray				=
	/ 10					

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