

Conference Request

Name			
Conference/Workshop/Class IUG Annual Conference			
Location Denver, Colorado			
Date 3/13/25-3/15/25			
l estimate my expenses as follows:			
Complete the following areas if any portion of the expenses will be paid/reimbursed by the county.			
Registration_	\$	450.00	Please include registration form, member number and event schedule
Travel			
Method	flight		
			see mileage table or consult
Mileage (if applicable)		rate	0.625 Google Maps
Other (airfare, parking, etc.)	\$ 698.00		
Total _	\$ 698.00		
Please include hotel confirmation paperwork with this Lodging request			
00	•		_
Name of Hotel		tt Tech Center	
Number of nights 	\$ 230.00		
Total_	<i>Ş 320.00</i>		
Total Per diem (from calculator)	\$ 414.00		
GRAND TOTAL	\$ 2,482.00		
C Approved by	v supervisor		
this form does not need to be forwarded to Administration if no county funds are being used			
Approved by Library Director			
Director approval is only needed if county funds are being used.			