

Conference Request

Name	!				
Conference/Workshop/Class	IUG Annual Conference				
Location	Denver, Colorado				
Date	e 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.					
					Please include registration form, member
Registration	\$		45	0.00	number and event schedule
Travel					
Method	flight				
Wethou_					see mileage table or consult
Mileage (if applicable)			rate		0.625 Google Maps
Other (airfare, parking, etc.)	\$	698.00			gp
Total		698.00			
· otal	Υ	030.00	•		
Please include hotel confirmation paperwork with this					
Lodging					, paper see see see see see see see see see s
Name of Hotel			tt Tech C	enter	r
Number of nights		4			
Rate/night	\$	230.00			
Total	\$	920.00	•		
-		,	•		
Total Per diem (from calculator)	\$	414.00			
-			•		
GRAND TOTAL	\$ 2	2,482.00			
☑Ápproved by supervisor					
this form does not need to be forwarded to Administration if no county funds are being used					
Daggrauged by Library Director					
☑Approved by Library Director					

Director approval is only needed if county funds are being used.

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