



## CONFERENCE/TRAVEL REQUEST

Name \_\_\_\_\_ Dept/Bldg \_\_\_\_\_

Title of Conference \_\_\_\_\_

Conference Date(s) \_\_\_\_\_ Additional Date(s) of Travel \_\_\_\_\_

Location (City/State): \_\_\_\_\_

Purpose/Relevance to Position:

Other Employee(s) Attending:

Name \_\_\_\_\_ Dept/Bldg \_\_\_\_\_

Name \_\_\_\_\_ Dept/Bldg \_\_\_\_\_

Name \_\_\_\_\_ Dept/Bldg \_\_\_\_\_

Name \_\_\_\_\_ Dept/Bldg \_\_\_\_\_

Name \_\_\_\_\_ Dept/Bldg \_\_\_\_\_

(Attach additional sheet if necessary)

It is encouraged that information and learning will be brought back and shared in a professional development (PD) setting. Will you submit a Request for Proposal (RFP) to present in our Institute for Professional Learning, or other district-wide PD opportunities, based on what you learn during this conference/training? ☐ YES ☐ NO (A "no" response may affect approval.)

YES – What ideas do you have for the RFP? (Base response on district needs and/or conference brochure)

### PLEASE CHECK ONE:

☐ Salary and expenses

☐ Salary only

☐ Expenses only

☐ Salary only with 3<sup>rd</sup> party  
paying expenses

Paid from ESD Budget # \_\_\_\_\_

**Requests submitted without an account number will be returned.**

\*\*\*NOTE\*\*\* If a 3<sup>rd</sup> party is paying for your expenses, please include a letter from them stating what/if all expenses they are paying for.

### APPROVALS:

Principal \_\_\_\_\_ Date \_\_\_\_\_

Coordinator/Director \_\_\_\_\_ Date \_\_\_\_\_

Assistant Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Assistant Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Date of Board Approval (out of PA only) \_\_\_\_\_

Page 2 - ESTIMATED COST SUMMARY (Disregard if salary only)

Please submit request to the office of the Superintendent of Schools **at least four (4) weeks prior** to date of requested trip.



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### ESTIMATED COST SUMMARY

Date and estimated time of departure \_\_\_\_\_

Date and estimated time of return \_\_\_\_\_

MILEAGE/GAS (RT miles: \_\_\_\_\_ x current mileage rate .655 ) **OR** Gas \$ \_\_\_\_\_

AIRFARE \$ \_\_\_\_\_

HOTEL \$ \_\_\_\_\_

**MEALS** If meals are included in conference, place an "X" in the corresponding box

Day (Include date)	Breakfast \$13* max per person	Lunch \$15* max per person	Dinner \$26* max per person	Total
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
<b>TOTAL</b>				
<b>*Meal reimbursement rates for cities with a higher cost of living may be found on the District's Business &amp; Finance Page or at <a href="http://gsa.gov">gsa.gov</a></b>				

\$ \_\_\_\_\_

If seeking reimbursement for all three meals on the first and/or last day of travel, explain:

\_\_\_\_\_  
\_\_\_\_\_

TOLLS/PARKING/TAXI/SHUTTLE \$ \_\_\_\_\_

CAR RENTAL, if necessary \$ \_\_\_\_\_

REGISTRATION Note: \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

**TOTAL ESTIMATED CONFERENCE EXPENSES** \$ \_\_\_\_\_

#### REIMBURSEMENT PROCEDURES:

In order to receive reimbursement for expenses above, submit all itemized receipts to Andrea Malone in the Business Office, along with a completed Final Accounting for Conference Expenses form, available under the staff section of the district's website.