



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 _____

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)

[Empty rectangular box for RFP ideas]

PLEASE CHECK ONE:

- Salary and expenses Salary only Expenses only

Paid from Account/Department _____ Account # _____

Requests submitted without an account number will be returned.

APPROVALS:

Principal _____ Date _____

Coordinator/Director _____ Date _____

Assistant Superintendent _____ Date _____

Superintendent _____ Date _____

Date of Board Approval (out of PA only) _____



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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 _____) **OR** Gas \$ _____

AIRFARE \$ _____

HOTEL \$ _____

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

Day (Include date)	Breakfast \$12 max per person	Lunch \$13 max per person	Dinner \$24 max per person	Total
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
TOTAL				
Please contact the Business Office for meal reimbursement rates if you are traveling to a city with a higher cost of living.				

\$ _____

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 \$ _____

OTHER \$ _____

TOTAL ESTIMATED CONFERENCE EXPENSES \$ _____

REIMBURSEMENT PROCEDURES:

In order to receive reimbursements for expenses above, submit itemized receipts along with a completed Final Accounting for Conference Expenses form, available under the staff section of the district's website.