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)

PLEASE CHECK ONE:
☐ Salary and expenses  ☐ Salary only  ☐ Expenses only
Paid from ESD Budget # ______________________________________________________________________
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) ______________________

Page 2 - ESTIMATED COST SUMMARY (Disregard if salary only)
Please submit request to the office of the Superintendent of Schools at least two (2) weeks prior to date of requested trip.
### CONFERENCE/TRAVEL REQUEST

#### 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

<table>
<thead>
<tr>
<th>Day (Include date)</th>
<th>Breakfast $13* max per person</th>
<th>Lunch $15* max per person</th>
<th>Dinner $23* max per person</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Day 1</td>
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<td>Day 2</td>
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<td>Day 7</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
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<td>$________________________</td>
</tr>
</tbody>
</table>

*Meal reimbursement rates for cities with a higher cost of living may be found on the District’s Business & Finance Page or at gsa.gov

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 reimbursement for expenses above, submit all itemized receipts to Andrea Valerio 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.