ERIE'S PUBLIC SCHOOLS

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 only ◯ Salary only with 3rd party paying expenses ◯ Salary and expenses ◯ Expenses only

*****NOTE*** If a 3rd party is paying for your expenses, please include a letter from them stating what expenses they are paying for.**

Paid from ESD Budget #_____

Requests submitted for expenses without an account number listed will be returned.

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.

ERIE'S PUBLIC SCHOOLS

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 $_____ **P-Card**

HOTEL $_____ **P-Card**

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				0
Day 2				0
Day 3				0
Day 4				0
Day 5				0
Day 6				0
Day 7				0
			TOTAL	0
***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**				

$0

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 $_____ **P-Card**

REGISTRATION $_____ **P-Card**

OTHER $_____

TOTAL ESTIMATED CONFERENCE EXPENSES **$**0

REIMBURSEMENT PROCEDURES:

Items that qualify for pre-purchase such as Airfare, Hotel, Car Rental and Registration Fees can be paid for in advance through the Finance Department using the purchasing card (P-Card).

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.