

PALMERTON AREA SCHOOL DISTRICT

Request to Attend Conference/Workshop

Directions:

1. **All employees must complete this form prior to registering for any conference/workshop** or if a substitute is needed for staff development within the district. Attach a copy of the brochure describing the event and return all completed material to the appropriate administrator.
2. The application must be submitted at least two (2) weeks prior to the registration deadline, unless there is an extenuating circumstance. If board approval is required, the application must be submitted two (2) weeks prior to the next scheduled regular public school board meeting.
3. If approved, the original request will be returned to the employee.
4. A purchase order must be completed, with a copy of this approved form, to initiate payment for conference/workshop registration/lodging.
5. If a company will not accept a purchase order as a method of payment or if advance payment is requested, the request for the check must be made one (1) month in advance. If this deadline is not met, the employee will be required to make payment and submit for reimbursement.
6. Within thirty (30) days of returning from the conference/workshop, an itemized statement of expenses shall be submitted in the appropriate column on the original form and resubmitted for payment. ORIGINAL RECEIPTS for ALL items, including meals, tolls, parking, etc. are required.

PART I.

Name _____ Building _____ Date _____

Conference Title _____ Sponsoring Organization _____

Conference Location _____ Starting Date _____ Ending Date _____

Purpose and anticipated benefit of attendance to the district _____

The school district will be responsible for the following expenditures.

	<u>Estimated Expenditures</u>	<u>Actual Expenditures to be Reimbursed</u>
Registration.....	\$ _____	\$ _____
Mileage (\$ ___/mile) estimated miles _____ actual miles _____	\$ _____	\$ _____
Tolls/Parking.....	\$ _____	\$ _____
Meals.....	\$ _____	\$ _____*
Lodging.....	\$ _____	\$ _____
Other (itemize).....	\$ _____	\$ _____
SUBTOTAL.....	\$ _____	\$ _____
Substitute (_____ # of days x \$100/day – estimate only).....	\$ _____	
TOTAL.....	\$ _____	

AESOP confirmation # _____

*After Conference Actual Meal Cost (not to exceed approved meal allowance)

Date	_____	_____	_____	_____	_____	_____	_____
Breakfast	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lunch	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Dinner	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

(OVER)

Employees are required to submit a written professional development report to their immediate supervisor within one (1) week upon returning from a conference/workshop. I agree to share this information and material obtained at the requested conference/workshop with other individuals in the district. Administrators will give a presentation at the monthly CAPP meeting following the conference/workshop.

Intermediate Unit #21 charges \$100.00 for no shows or cancellations 14 days before start of session. I understand I will be responsible for this fee.

I verify that the information presented in relation to this conference and the estimated expenses for the period covered are accurate

Employee Signature

Date

PART II.

Budget Account Code _____

Principal/Supervisor Signature

Date

_____ Approved _____ Denied

Director of Curriculum & Instruction Signature

Date

_____ Approved _____ Denied

_____ The district will register you for this event.

_____ Please register yourself for this event.

PART III. (To be completed for administrators only)

Superintendent Signature

Date

_____ Approved _____ Denied

Board of Directors Action

Date

_____ Approved _____ Denied

PART IV. (Approval of actual expenditures by supervisor responsible for funding)

Supervisor Signature

Date