



CONFERENCE REQUEST FORM - NON-INSTRUCTIONAL STAFF

Directions:

- 1) Submit completed form to your Supervisor at least four weeks prior to conference date with any necessary claim forms and/or purchase orders including a copy of the registration form
- 2) New York State sales tax cannot be approved for reimbursement.
- 3) Copy to: Supervisor, Employee, Assistant Superintendent for Business

EMPLOYEE NAME: _____ DATE: _____

CONFERENCE NAME _____

CONFERENCE LOCATION: _____

CONFERENCE DATE(S): _____

PURPOSE (attach agenda, and/or conference brochure) _____

SUBSTITUTE NEEDED? (circle one) YES NO — IF YES, HOW MANY DAYS? _____

ESTIMATED EXPENSES:

	Cost Requested	Cost Approved
PUBLIC TRANSPORTATION: __Bus__ Train __Plane		
PERSONAL VEHICLE: Estimated Mileage __ x IRS rate *A district vehicle must be used unless unavailable		
ROAD TOLLS (receipts required)		
PARKING (receipts required)		
LODGING (purchase order required for reservations)		
MEALS (original itemized receipts required)		
REGISTRATION/CONFERENCE FEE (Purchase Order & Registration Form required)		
OTHER (itemize)		
OTHER (itemize)		
TOTAL		

NOTE

- Only pre-approved expenses will be reimbursed.
- The School District is tax exempt, procure a tax exempt document in advance.

ANY REQUESTS FOR REIMBURSEMENTS TO EMPLOYEE MUST BE SUBMITTED ON CLAIM FORM WITH **ORIGINAL ITEMIZED RECEIPTS, RESIGSTRATION FORM AND APPROVED CONFERENCE REQUEST FORM** ATTACHED FOR VERIFICATION:

Employee's Signature _____ Date _____

SUPERVISOR'S REVIEW:

Circle one: APPROVED DISAPPROVED

Supervisor's Signature

Budget Code: _____ DATE _____

ASSISTANT SUPERINTENDET FOR BUSINESS'S REVIEW:

Modify request as follows: _____
(Assistant Superintendent will leave blank if no modifications)

Circle one: APPROVED DISAPPROVED

Assistant Superintendent's Signature

Request Rejected: YES NO DATE _____