

2020 STAUNTON CITY SCHOOLS REQUEST TO ATTEND A CONFERENCE/MEETING

Revised 1/14/2020

Must be submitted to the Central Office at least two weeks prior to the Conference/Meeting

Date: \_\_\_\_\_ School: 11/2015

Name of Conference: \_\_\_\_\_ Location: \_\_\_\_\_
Name: \_\_\_\_\_

Date(s) of Conference/Meeting \_\_\_\_\_ Time each day \_\_\_\_\_ Is a substitute needed?
From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
Yes No

Have you attended this Conference/Meeting in the last three years? Yes No
If Yes, when did you last attend? \_\_\_\_\_

Plan to drive? Yes
Or, Traveling with: \_\_\_\_\_

Registration Cost: \$ \_\_\_\_\_ NOTE: Registration cost may be paid
by one of the following, (please check one)

Self Pay and get Reimbursed School PO (PO#) School Board PO (PO#)

Estimate the following (please fill in all blanks) (Motel Costs, meals and mileage will be self-pay and reimbursed, if applicable)

Motel Cost: \$ \_\_\_\_\_ Meals: \$ \_\_\_\_\_ Mileage: \_\_\_\_\_ (at \$.575/Mile) = \$ \_\_\_\_\_ Total cost for motel, meals & mileage \$ \_\_\_\_\_

TOTAL ANTICIPATED COST
(Include motel, meals, mileage and registration) \$ \_\_\_\_\_

Recommended: Yes No
Principal's Signature \_\_\_\_\_
Budget Code \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Use

Supervisor's Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_
Staff Development Office Approval \_\_\_\_\_ Date \_\_\_\_\_
Comments \_\_\_\_\_

Re-certification Points to be Awarded:
Points,
Option # \_\_\_\_\_

DO NOT FILL OUT THE BOTTOM OF THIS FORM UNTIL YOU RETURN FROM THE CONFERENCE.

REQUEST FOR TRAVEL REIMBURSEMENT

Registration Cost \$ \_\_\_\_\_
Room Charges \$ \_\_\_\_\_
Telephone \$ \_\_\_\_\_ (not to exceed \$4.00/day)
Public Transportation \$ \_\_\_\_\_
miles @ .575/mile \$ \_\_\_\_\_ (Personal Auto only)
Parking/Tolls \$ \_\_\_\_\_
MEALS (overnight stay required):
Actual cost \$ \_\_\_\_\_ (detailed receipts required)
OR
Meal allowance \$ \_\_\_\_\_ (no receipts required)

--Standard allowance is \$60 per day unless a meal is provided at the conference.
If a lunch or dinner is provided the standard allowance is reduced by one-half
for each lunch or dinner that is provided.
--Actual costs require detailed meal receipts in addition to credit card receipts.

TOTAL REIMBURSEMENT REQUESTED \$ \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

EFFECTIVE 1/1/20-12/31/20

NOTE
Please attach itemized receipts to the back of this request and
send to the Executive Director of Instruction in the Central
Office for approval and processing for payment.
If you are requesting the meal allowance instead of using
actual receipts, you must attach documentation such as
an agenda from the conference that provides details on
what meals were or were not provided.
Please keep a copy for your file as it may contain re-
certification information.

APPROVED FOR REIMBURSEMENT
Principal
Executive Director of Instruction
Date \_\_\_\_\_