

2018 STAUNTON CITY SCHOOLS REQUEST TO ATTEND A CONFERENCE/MEETING

Revised 1/2/2018

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 \$.545/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 @ .545/mile \$ _____ (Personal Auto only)
Parking/Tolls \$ _____
MEALS (overnight stay required):
Actual cost \$ _____ (detailed receipts required)
OR
Meal allowance \$ _____ (no receipts required)

--Standard allowance is \$57 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 _____

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 _____