

Conference/Event Request Form

2023-2024

1. Complete this form with all required information. (Do not fill out gray areas.)
2. Submit the form to your principal or supervisor for approval.
3. Send the form to the administration office for approval.
4. When the form is emailed back to you with approval you may register for the conference.

Employee Name (<i>ONE applicant per sheet</i>)	School	Position
Conference/Event Title		
Conference/Event Date(s) (<i>Enter ALL expected dates for multi-meeting conferences</i>)		Conference/ Event Location
Please provide a brief description of the conference or event.		

****Do not enter amounts in gray areas****

Estimated Expenses		
	Totals	Principal Use (check one)
Conference/Event registration fee Paid by the school office after approval	\$	<input type="checkbox"/> Building expense <input type="checkbox"/> ISD reimbursed <input type="checkbox"/> IDEA grant <input type="checkbox"/> STEM <input type="checkbox"/> Title IIA grant <input type="checkbox"/> GSRP <input type="checkbox"/> General Fund
Mileage _____ miles (RT)x_____/mile	\$	<input type="checkbox"/> Building expense <input type="checkbox"/> ISD reimbursed <input type="checkbox"/> IDEA grant <input type="checkbox"/> STEM <input type="checkbox"/> Title IIA grant <input type="checkbox"/> GSRP <input type="checkbox"/> General Fund
Meals (<i>allowable expenses per day</i>) \$5.00 breakfast, \$7.00 lunch, \$12.00 dinner	\$	<input type="checkbox"/> Building expense <input type="checkbox"/> ISD reimbursed <input type="checkbox"/> IDEA grant <input type="checkbox"/> STEM <input type="checkbox"/> Title IIA grant <input type="checkbox"/> GSRP <input type="checkbox"/> General Fund
Other travel fees expected Parking fees; plane, train, bus or taxi fares	\$	<input type="checkbox"/> Building expense <input type="checkbox"/> ISD reimbursed <input type="checkbox"/> IDEA grant <input type="checkbox"/> STEM <input type="checkbox"/> Title IIA grant <input type="checkbox"/> GSRP <input type="checkbox"/> General Fund
Lodging (<i>For locations beyond 75 miles unless approved</i>) \$_____ per night	\$	<input type="checkbox"/> Building expense <input type="checkbox"/> ISD reimbursed <input type="checkbox"/> IDEA grant <input type="checkbox"/> STEM <input type="checkbox"/> Title IIA grant <input type="checkbox"/> GSRP <input type="checkbox"/> General Fund
Substitute teacher _____ #days <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> After School <input type="checkbox"/> Saturday <input type="checkbox"/> Summer	\$	<input type="checkbox"/> Building expense <input type="checkbox"/> ISD reimbursed <input type="checkbox"/> IDEA grant <input type="checkbox"/> STEM <input type="checkbox"/> Title IIA grant <input type="checkbox"/> GSRP <input type="checkbox"/> General Fund
TOTAL ESTIMATED EXPENSES	\$	<input type="checkbox"/> Building expense <input type="checkbox"/> ISD reimbursed <input type="checkbox"/> IDEA grant <input type="checkbox"/> STEM <input type="checkbox"/> Title IIA grant <input type="checkbox"/> GSRP <input type="checkbox"/> General Fund

The applicant must pay all expenses and submit itemized receipts along with the Professional Meeting Reimbursement Request Form (#3243 F2) for reimbursement (This form can be found on the website.)

Applicant signature	Date
Principal signature	Date
PD Program Director	Date