



CONFERENCE/WORKSHOP REQUEST FORM

To be included in the Board of Education agenda, this form must be completed and forwarded to the Board Secretary two weeks prior to the regular monthly meeting (3rd Wednesday of each month).

Person Requesting _____

Building Assigned _____

Date of Application _____ Date(s) of Desired Attendance _____

Organization Sponsoring Conference/Workshop _____

Location of Workshop _____

Description of Program Content _____

Professional Benefits Expected From Attendance _____

Will a substitute be required?

Yes Number of Days Signature _____

No Number of Teachers _____

Please attach estimated expenses including registration fees, lodging, mileage and meals. Reimbursement is limited to maximum federal per diem rates per IRS Publication 1542 (www.gsa.gov) and may be further limited to \$175.00 per GMEA agreement.

If you do NOT attend the conference, please notify the business office immediately.

1	PRINCIPAL _____ Date: _____	<input type="checkbox"/> Contract (GMEA) <input type="checkbox"/> Sub Account <input type="checkbox"/> Federal Funds <input type="checkbox"/> Special Education <input type="checkbox"/> Other
	<input type="checkbox"/> Approved (Signature) _____ <input type="checkbox"/> Denied (Signature) _____ (Attach Expense Form)	
2	CURRICULUM / FEDERAL PROGRAMS COORDINATOR Date _____	
	<input type="checkbox"/> Approved (Signature) _____ <input type="checkbox"/> Denied (Signature) _____	
3	BUSINESS MANAGER <i>Comments:</i> _____ <input type="checkbox"/> Funds Available _____ Account # _____ _____ _____	
4	SUPERINTENDENT Date _____	
	<input type="checkbox"/> Approved (Signature) _____ <input type="checkbox"/> Denied (Signature) _____	

Office Use Only

ESTIMATED CONFERENCE/WORKSHOP EXPENSES
(Please submit with Conference/Workshop Request Form.)

Please itemize all expenses separately.

Please Note: Detailed conference/registration information **MUST** accompany your conference request forms to be approved.

Item	Amount
CONFERENCE FEES:	
	\$0.00
SUBSTITUTE SALARY: (\$82.00 per day)	
	\$0.00
LODGING FEES: (Please provide detail for (3) hotel choices and reservation will be made through the business office)	
	\$0.00
MILEAGE: (www.gsa.gov - current IRS rate is \$0.575/mile)	
	\$0.00
MEALS: (www.gsa.gov - for reimbursement of meals a detailed receipt is required)	
	\$0.00
INCIDENTALS: (www.gsa.gov - tolls, parking , etc., receipts required.)	
	\$0.00

I hereby certify that these expenses will be incurred by me in the performance of my duties as an employee of General McLane School District.

TOTAL _____

Signature: _____