

**PYMATUNING VALLEY LOCAL SCHOOLS**

5445 Rt. 6 W., Box 1180, Andover, OH 44003

**APPLICATION FOR PROFESSIONAL CONFERENCES, SCHOOL BUSINESS, AND REIMBURSEMENT VOUCHER:  
PLEASE COMPLETE THIS SECTION BEFORE ATTENDING CONFERENCE**

Name \_\_\_\_\_ Building \_\_\_\_\_

Name of Conference/Meeting/Activity \_\_\_\_\_

Is this a (check one) \_\_\_\_\_

Professional  
Development Conference

School Business Meeting?

Location of Conference \_\_\_\_\_ Date(s) of Your Attendance \_\_\_\_\_

Date(s) of absence from school sessions \_\_\_\_\_

Is a substitute required ? \_\_\_\_\_ Which dates? \_\_\_\_\_ Total # of Days \_\_\_\_\_

**ESTIMATED EXPENSES** (Be specific):

**Mileage:** \_\_\_\_\_ miles @ \$0.725 cents per mile, if applicable \$ \_\_\_\_\_

**Per Night Rate:** Number of Applicable Nights \_\_\_\_\_ @ UP TO \$100.00 per night \$ \_\_\_\_\_  
(Must be an overnight Trip)

**Meal Rate:** Number of Applicable Days \_\_\_\_\_ @ UP TO \$27.00 per day \$ \_\_\_\_\_  
only for meals not part of registration fees

**Registration Fee:** To be paid before event ? \_\_\_Y\_\_\_N; or staff member will pay and bill PVBOE \_\_\_Y\_\_\_N \$ \_\_\_\_\_

Reimbursement will require all necessary receipts--for lodging for over-night stay as well as meals and registrations.

Why are you interested in attending this conference/meeting? \_\_\_\_\_

\_\_\_\_\_

Employee Signature

Approved: \_\_\_\_\_

Principal or Supervisor

Application Date

Superintendent

Approval Date

**EXPENSE VOUCHER-MUST CORRESPOND WITH WHAT HAS BEEN APPROVED ABOVE:**

**COMPLETE THIS SECTION AND RETURN ENTIRE FORM AND RECEIPTS TO SUPERINTENDENT'S OFFICE WITHIN 2 WORK DAYS OF YOUR RETURN.**

Receipts for all lodging, meals and registration fees must be attached to this form.

Mileage: \_\_\_\_\_ miles @ \$0.725 cents per mile \$ \_\_\_\_\_

Per Night: \_\_\_\_\_ nights @ UP TO \$100.00 per night (only on an overnight trip) \$ \_\_\_\_\_

Meal reimbursement (not to exceed \$27.00 daily) \$ \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_

\_\_\_\_\_ Total \$ \_\_\_\_\_

Employee Signature

Date

Approved: \_\_\_\_\_

Superintendent or Treasurer

**PLEASE TAKE A MOMENT TO COMPLETE ATTACHED EVALUATION OF EVENT AND RETURN WITH EXPENSE VOUCHER. THANK YOU.**