

Palermo Union Elementary
REQUEST FOR CONFERENCE/WORKSHOP ATTENDANCE
All conferences should be approved by your supervisor and the district superintendent before reservations are made

NAME _____ DATE OF REQUEST _____

TITLE OF CONFERENCE/WORKSHOP _____

LOCATION _____ DATE(s) OF CONFERENCE _____

ATTACH CONFERENCE INFORMATION/SCHEDULE/REGISTRATION FORM/HOTEL INFORMATION.	
<p style="text-align: center;">TRANSPORTATION</p> <p>Common Carrier (Plane, Train, Taxi, Bus) _____ District Car _____ Private Car _____ miles @ .70¢ per mile/Ride with _____ Parking \$ _____ Bridge Tolls \$ _____</p>	\$
<p style="text-align: center;">LODGING</p> <p>Hotel Name _____ If reservations have been made Confirmation # _____ Dates of Lodging _____ Number of nights _____ x Cost per night \$ _____ <i>Attach all documentation</i></p>	\$
<p style="text-align: center;">MEALS</p> <p>You may spend up to \$37 per day. Attach all original, itemized receipts. If you spend over the amount allowed, you will not be reimbursed for the overage.</p>	\$
<p style="text-align: center;">REGISTRATION</p> <p>Fee \$ _____ x number of people attending _____ <i>Attach all documentation PO#</i></p>	\$
<p style="text-align: center;">OTHER EXPENSES</p> <p>Substitute required? _____ @ \$ _____ per day (Please arrange for substitute) Other expenses _____</p>	\$
<p style="text-align: center;"><u>TOTAL CONFERENCE/WORKSHOP COSTS...</u></p> <p>The District does not pay for units of credit that apply towards salary placement and movement on the salary schedule.</p>	\$

****Remember – TO BE REIMBURSED YOU MUST PROVIDE ITEMIZED RECEIPTS FOR ALL EXPENSES AND ATTACH TO TRAVEL EXPENSE CLAIM FORM.****

ACCOUNT TO BE CHARGED _____
 (See account code structure on reverse)

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Superintendent or Chief Business Officer Signature _____

Date _____