

PROFESSIONAL DEVELOPMENT CONFERENCE REQUEST FORM

Part I – Request

Staff Member’s Name _____ Department _____ MS or HS

Conference Date _____ Conference Title* _____

Conference Location _____

My attendance at this conference will improve my content instruction and/or my students’ performance as follows:

*Please attach a copy of the conference agenda.

Acct. No. 100-40-307-5305-2357-06-1

Estimated Expenses for Conference:

Registration Fee _____	Other _____
Travel _____	_____
Lodging _____	_____
Meals _____	Total Expenses _____

Part II – Administrative Action (Approved or Denied)

Approval of Request (please initial & circle appropriately)	Maximum Reimbursement _____
Department Head A or D _____	Date Approved _____
Principal A or D _____	Superintendent A or D _____

Part III – Expense Reimbursement Voucher

- Fill out chart below. **Attach all receipts including detailed meal receipt & send to Accountant for reimbursement.**
- Please complete and submit the attached Conference Report Form to your **Principal.**

EXPENSES	REQUIRED	AMOUNT**
Registration Fee	Receipt	
Personal Auto Use	_____ miles @\$0.575/ mile	
Other Trans.: Parking, tolls	Receipt	
Lodging	Receipt	
Meals, Tips	Receipt	
TOTAL		

** Total Reimbursement will not exceed amount approved in Part II above.**

No Reimbursement for Alcoholic Beverages

Employee's Signature

Date

PROCEDURAL GUIDELINES

PART I - REQUEST

- Complete top half of form (**before** the conference) with conference information and expected costs. Please note the following guidelines:

Meal allowance:	\$10 - Breakfast (must submit detailed receipts for meals)
	\$15 - Lunch (must submit detailed receipts for meals)
	\$25 - Dinner (must submit detailed receipts for meals)
One-day conference	- lunch only, if not included in the registration fee
One Overnight	- lunch, dinner and breakfast
More than 1 overnight	- \$50/day maximum for each full day
Mileage	- \$.575 per mile (Federal reimbursement) must submit evidence of mileage
Parking & Tolls	- must have receipts
Lodging	- expect reasonable/moderate
Proof of Payment	- canceled check with registration form or paid invoice received from organization running program

PART II - ADMINISTRATIVE ACTION (APPROVE OR DENY)

- Submit the Conference Request Form with the conference agenda attached to your Department Head for approval. The Department Head will forward it to the Principal and then on to the Superintendent's Office. If the conference is not approved, the form will be returned to you. If approved, the Superintendent's Office will record the information, issue a purchase order and return the Conference Request Form and two copies of the purchase order to you (white copy for the employee's record and pink copy to return for reimbursement).
- When the request has been approved by the Superintendent, submit the registration form and payment for the conference.

PART III - EXPENSE REIMBURSEMENT VOUCHER

- After attending the conference, complete Part III of the request form and submit it to the Accounting Office for reimbursement. In order to be reimbursed, you must submit a copy(s) of paid receipts, credit card statement or a cancelled checks for all items noted. Forward this form (with receipts attached) and the pink copy of the purchase order to the Accountant.
- Total reimbursement will not exceed the amount approved in Part II.
- **Complete the Conference Report form and submit to your Principal within one week of return.**

Masconomet Regional School District

CONFERENCE REPORT

Teacher's Name: _____ Senior High _____
Middle School _____

Title of Conference: _____

Date(s) of Conference: _____ Location: _____

1. Learning Goals of conference:

2. Salient points made by major speakers and/or discussion leaders:

3. Implications of what you learned at this conference for your classroom and students

4. Specific actions you will take as a result of attending this conference:

5. Other comments or remarks:

This form is to be completed within ten (10) days following conference attendance. Additional sheets may be attached if needed in order to give a complete report. This form is to be filled out also on completion of service on visitation teams of N.E.A.C.S.S. **When completed, please return it to the appropriate Principal.**