

Huntingdon Area School District

TRAVEL CONFERENCE/WORKSHOP REQUEST FORM INSTRUCTION SHEET

- The Travel Conference/Workshop Request form to be completed and submitted to your administrator for approval.
- Presenters receiving compensation MUST use a personal day and cannot submit the request through the Travel Conference process.

INSTRUCTIONS:

1. Completed forms MUST be turned in to you administrator at least 4 weeks before the conference date.
2. Only charges listed on the original form can be reimbursed (ex. hotel, mileage, meals. Please estimate costs if you desire future reimbursement).
3. Please submit one name per form. If more than one person is attending the event, each person MUST complete his/her own form.
4. Athletic conferences must have the Athletic Director's signature prior to the Building Administrator's signature.
5. After receiving confirmation of conference approval, teachers must secure a substitute teacher as per building procedures.

Please note: Limit of \$250 per year and/or three school days (including all costs except substitutes)

After the conference: You will need to complete a Conference Workshop Visitation Report Form available on district's web page. You may submit a reimbursement form accompanied by meal vouchers. Total costs for meals should not exceed \$25 per day and must be during the conference. No alcoholic beverages or tips are to be included. Meal receipts and mileage must be submitted within 30 days after attending the conference. Receipts **MUST** be attached to proper forms that can be found on the district's web page.

Please complete the following information. Be sure to attach appropriate documentation. If all information is not included with this form, Central Office cannot process this request.

Huntingdon Area School District
TRAVEL CONFERENCE/WORKSHOP REQUEST FORM

Name: _____ Today's Date: _____

Building: _____

Title of Conference/Workshop: _____

Location of Conference/Workshop: _____

Conference/Workshop Dates: _____

Conference Sponsor: _____ School days missed: _____

Substitute- _____ number of days

How will this Conference/Workshop help meet your professional needs? Please be as specific as possible. Please attach any relevant information (conference brochure, etc.).

*****Will Act 48 hours be awarded by the conference sponsor? _____**

If no or unsure, please complete the Pre-Approval for Act 48 Hours form and submit this with your request.

Conference Fee (i.e. Registration) _____

- Please send check –**completed** registration form must be attached prior to conference!
- I will submit for reimbursement after the conference.
- N/A

Hotel/Motel _____

Meal (No more than \$25.00 per day) _____

Other: (specify: e.g. parking, tolls) _____

***Mileage** _____ miles x \$ _____ per mile *subject to change
(Please check with Janet Shaffer for district vehicle availability.) _____

GRAND TOTAL: _____

Make check payable to: _____

Send registration and payment to: _____

Hotel/motel rooms must be reserved using a personal credit card. The credit card bill with a name, or a receipt showing room has been paid in full, then needs to be submitted to the Professional Development Committee for reimbursement. Private information on the credit card bill may be blacked out.

➤ _____
Signature of Building Principal/Administrator *Date*

➤ _____
Signature of Business Manager *Date*

➤ _____
Signature of Superintendent /Director of Education *Date*