

CONEMAUGH VALLEY SCHOOL DISTRICT  
Professional Conference/Workshop Request  
**No more than one name per request form**

Name: \_\_\_\_\_ Date of Request \_\_\_\_\_

Are you a member of the committee or organization conducting the conference/workshop creating a discounted registration fee: YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Conference/Workshop: \_\_\_\_\_

Location of Conference/Workshop: \_\_\_\_\_

Date(s) of Conference/Workshop: \_\_\_\_\_ Time of Conference/Workshop: \_\_\_\_\_

Reason for request to attend Conference/Workshop: \_\_\_\_\_

Method of Transportation: (check one)

Private Car     Bus     Train     Airplane

Estimated Expenses (must be completed)

Registration Fee: \$ \_\_\_\_\_  
Transportation/mileage \$ \_\_\_\_\_  
Tolls: \$ \_\_\_\_\_  
Parking Fees: \$ \_\_\_\_\_  
Meals and Tips: \$ \_\_\_\_\_  
Lodging: \$ \_\_\_\_\_  
Substitute - Y\_\_ N\_\_ \$ \_\_\_\_\_  
(teacher rate per day \$134.00)  
Miscellaneous (list):  
\_\_\_\_\_ \$ \_\_\_\_\_  
Estimated Total: \$ \_\_\_\_\_

Note: CVSD Policy #431 Job Related Expenses

Lodging: Authorized on events beyond 100 miles and/or where travel requires multiple days.

Travel: Based on rate established annually by the IRS.

Meals: Only employee is eligible for reimbursement.  
Breakfast: up to \$10 including tip  
Lunch: up to \$15 including tip  
Dinner: up to \$25 including tip

ITEMIZED RECEIPTS MUST ACCOMPANY FORM (Credit card charges must include itemized portion of receipt to receive reimbursement. NO receipt, NO Reimbursement.)  
\*Entire guidelines are available in the Administrative Office, or you may call with any question.



SIGNATURE:

\_\_\_\_\_  
PROFESSIONAL EMPLOYEE

\_\_\_\_\_  
DATE



PRE-APPROVAL SIGNATURE:

\_\_\_\_\_  
BUILDING PRINCIPAL

\_\_\_\_\_  
DATE

**Once this is pre-approved, please submit to the Administrative Office.**



FINAL APPROVAL

\_\_\_\_\_  
BUSINESS MANAGER

\_\_\_\_\_  
SUPERINTENDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE