

**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 \$115.00)
 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.

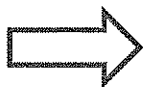
Travel: Based on rate established annually by the IRS.

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 _____