

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 _____

Conemaugh Valley School District

WORKSHOPS, CONFERENCES, TRAVEL EXPENSES

DO NOT USE THIS FORM FOR: Payroll hours, Stipends, Title Programs, or special project expenses reimbursed by another agency.
ITEMIZED RECEIPTS MUST ACCOMPANY THIS FORM. Credit card charges **must** include itemized portion of the receipt.
BOTH EMPLOYEE AND PRINCIPAL MUST SIGN FORM.

Employee's Name: _____

Date: _____

Conference Attended: _____

RATE EFFECTIVE JAN. 1, 2022

Date	Traveling from	Traveling to	Total Miles	Cost @ .585/mile

Employee's Signature: _____

TOTAL \$ _____

Principal's Signature: _____