



REQUEST FOR APPROVAL OF ATTENDANCE TO CONFERENCE/MEETING/WORKSHOP

6830-E.2

Champlain Valley Educational Services
P.O. Box 455
Plattsburgh, New York 12901-0455

Directions:

- 1. Fill in all spaces above the double line and those on the second page that apply.
2. Copy of conference notice, brochure, or agenda must be attached to this form.
3. Submit the completed form to your supervisor at least 30 days prior to the conference date.
4. Employees MUST have the Superintendent's approval before attending a conference.
5. A brief summary report may be required upon return - Employees may also be asked to review, at a meeting, information learned.

NAME: _____

CONFERENCE/MEETING/WORKSHOP: _____

LOCATION: _____

START DATE/TIME: _____ END DATE/TIME: _____

My role at the conference:

- General participant: []
Special duty as follows: [] _____

Number of other staff members attending this conference: _____

Expected Professional Outcomes: _____

I hereby request approval for attendance at the conference described above, and estimate my expenses as set forth on the second page of this form. I understand that expenses not indicated herein are subject to pre-approval by my division director; otherwise, costs may be disallowed for reimbursement.

Dated: _____ Applicant's Signature _____

REVIEW (To be completed by Administration)

Number of days substitute service is required: _____

Budget Code(s) for Estimated Expenses

% Under Code

Recommendation:

Signature/Date

Immediate Supervisor Yes No

Division Director Yes No

Superintendent Approved Disapproved

TRANSPORTATION

ESTIMATED EXPENSES

CHECK ONE

School District Vehicle Rental Vehicle \$ _____

Or
Public Transportation* _____ Bus _____ Train _____ Plane _____ Taxi \$ _____

Or
Privately owned conveyance:
From _____ to _____ = Miles _____
From _____ to _____ = Miles _____
Mileage allowance: **Total Mileage** _____ @ _____ cents per mile \$ _____

Tolls, parking, and other transportation related charges (receipts required) \$ _____

Total Transportation \$ _____

OTHER EXPENSES

Dates	Lodging Fee* <i>(List Dates for lodging)</i> Arrive _____ Depart _____	Registration Fee <i>(Include Cost of any meals to be paid with registration fee)</i>	Meals reimbursed at GSA rates: www. gsa. gov/ perdiem			Misc. <i>(Please Specify)</i>	Total Expenses Per Day
			Breakfast	Lunch	Dinner		

Total Other Expenses \$ _____

TOTAL ESTIMATED EXPENSES \$ _____

*Since school districts are prohibited by law from paying NYS sales tax on transportation and lodging, the traveler is responsible for obtaining a tax exemption certificate in advance for travel within NYS.

Refer to Policy 6830-R for guidelines.