



2024

2521-E.1

REQUEST FOR APPROVAL OF ATTENDANCE TO
CONFERENCE/MEETING/WORKSHOP
FOR CVES BOARD MEMBERS ONLY

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 _____

I hereby request approval for attendance at the conference/workshop described above. I understand that expenses not allowable under BOE Policy #2521 and 2521-R may be disallowed for reimbursement.

Dated: _____ Applicant's Signature _____

REVIEW
(To be completed by Board President)

Single-day conference/workshop with no overnight accommodations

Conference/workshop that includes either overnight accommodations or two or more consecutive days of attendance

Board Approved Date

Budget Code(s) for Estimated Expenses

% Under Code

Recommendation:

Board President ___ Approved ___ Disapproved

Signature/Date

TRANSPORTATION**ESTIMATED EXPENSES****CHECK ONE**

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* (List Dates for lodging) Arrive _____ Depart _____	Registration Fee (Include Cost of any meals to be paid with registration fee)	Meals reimbursed at GSA rates: www. gsa. gov/ per diem			Misc. (Please Specify)	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 2521-R for guidelines.