



2026

6830-E.2

REQUEST FOR APPROVAL OF ATTENDANCE TO CONFERENCE/MEETING/WORKSHOP

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: <b>www. gsa. gov/ perdiem</b>			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.