

# AVERILL PARK CENTRAL SCHOOL DISTRICT

## REQUEST FOR ATTENDANCE AT CONFERENCE OR MEETING

This form should be submitted at least one week prior to the conference/meeting.

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Building: \_\_\_\_\_

Title of Conference/Meeting: \_\_\_\_\_

Place of Conference/Meeting: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Date(s) of Conference/Meeting: \_\_\_\_\_

What substitute coverage will be needed (include dates): \_\_\_\_\_

Estimated Expenses:

Registration \$ \_\_\_\_\_

Miles @ \$ \_\_\_\_\_

Tolls/Parking \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Room Charges \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**(Note that reimbursement  
cannot exceed the approved  
estimated costs.)**

Please write a brief statement indicating why you wish to attend this conference/meeting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Route to: **Principal/Supervisor:** Signature below indicates recommendation of attendance at requested conference/meeting

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

(Principals will consult with each other so that there will be coordinated representation.)

**Budget Code** to which costs should be charged: \_\_\_\_\_

Route to: **Business Office:** \_\_\_\_\_ Date: \_\_\_\_\_

Are funds available in the budget code listed above? Yes ☐ No ☐ Initials: \_\_\_\_\_

Route to: **Superintendent of Schools:** \_\_\_\_\_ Date: \_\_\_\_\_

(Approved)

**After approval, contact the substitute coordinator** if a substitute will be needed.

**Submit a brief summary of the conference/meeting with your claim for expenses. (see reverse side)**

Name of Conference: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Place and Date of Conference: \_\_\_\_\_

Name of Speaker or Speakers: \_\_\_\_\_

[illegible]

Which staff member should be made aware if this conference or speaker is offered again? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Revised: 02/05/73 04/08/83 07/01/92 04/16/19 11/22/19