

Penn Cambria School District
Conference/Meeting Request

Form #23
(Rev.1/13)
(Rev. 10/17)

DIRECTIONS: Complete one copy and send to the appropriate person for pre-approval. Action will be noted on the form and one copy will be returned. Complete the **Conference Expense Reimbursement** section when claiming reimbursement after the conference/meeting.

- Name _____ Building(s) _____
- Request approval to attend _____ for Job Related Training or
Name of Meeting/Conference _____ Networking/Meeting
- To be held in (city & state) _____ on date(s) _____
- My part in the program _____
- Status of membership on committee or organization conducting the above meeting: (check one)
 I am a member I am not a member Membership item not appropriate in this instance

6. ESTIMATED EXPENSES:

Complete when submitting request

Registration Fee _____
 Transportation _____
 Tolls _____
 Parking Fees _____
 Meals & Gratuities _____
 Lodging _____
 Misc. _____
 Misc. _____
ESTIMATED TOTAL _____

If you are requesting a substitute, please indicate grade or subject and date or dates involved:

Grade _____
 Subject _____
 Date(s) _____

Substitute Budget Account Code

7. Advance payment requested: Yes No **If yes, an invoice or registration form must be included.**

ADVANCED PAYMENTS:

Room Reservation _____
 Registration _____
 Other _____

Check Number

I understand that I must complete and submit to the Director of Curriculum & Instruction (via paper or email) a copy of Professional Conference/Meeting Summary Report

Signature of Person Making Request

Date

PRE-APPROVAL SIGNATURES:

Building Principal(s) _____
 Director of Curriculum & Instruction _____
 Special Education Director _____

DO NOT WRITE IN THIS SPACE – FOR PCSD OFFICE ONLY

- Administration approval as per policy Approval, subject to Board of Education action – Date _____
 Not approved – Reason _____

Copy to: Originator Administrator(s)
 Accounts Payable Payroll/Benefits

Signature – Superintendent of Schools

Date

Signature – Business Administrator

Date

Budget Account Code(s) _____

Conference Expense Reimbursement -
*Complete this side **AFTER** the Conference/Meeting*

NOTE: This statement with accompanying receipts must be submitted to the Business Office to claim reimbursement.

Professional Meeting: _____

Location of Meeting: _____

Date of Meeting: _____

ACTUAL EXPENSES *(Please refer to PCSD Administrative Regulation for Job Related Expenses 331-AR)*

Complete AFTER conference – attach receipts

Registration Fee	_____	
Transportation	_____	(_____ X _____)
Tolls	_____	#miles X rate
Parking Fees	_____	
Meals & Gratuities	_____	
Lodging	_____	
Misc. _____	_____	
_____	_____	
_____	_____	

Check Number

ACTUAL TOTAL _____

LESS TOTAL ADVANCE PAYMENT _____

BALANCE DUE _____

REFUND DUE TO SCHOOL DISTRICT _____

ITEMIZED RECEIPTS MUST BE SUBMITTED FOR LODGING EXPENSES, REGISTRATION FEES, TRAVEL, TOLL CHARGES, ETC.

Post Conference Signature _____

Employee *Date*

To be signed when submitting expenses