

# INSTRUCTIONS

## REQUEST TO ATTEND WORKSHOP/ EXPENSE CLAIM FORM

### **BEFORE Attending Workshop/Conference:**

- ✓ Employee completes “**Request for Authorization to Attend Workshop/Conference**” a minimum of one month prior to the event to allow for required Board of Education approval.
- ✓ If travel expenses will be incurred, employee must include a MapQuest report from building or home to destination (whatever is shorter); anticipate tolls, if applicable.
- ✓ Building Principal/Supervisor supplies account code and approves Request Form.
- ✓ Employee sends Request Form to the Office of the Assistant Superintendent for approval and Board agenda.
- ✓ After Board approval, Central Office will return the approved Request Form to employee.
- ✓ If prior payment is required, Building/Department Secretary prepares Purchase Order Requisition, scanning Request Form and registration as Requisition Backup.

### **AFTER Attending Workshop/Conference:**

- ✓ Employee submits “**Professional Development Evaluation Form**” to Diane Fisher, Central Office with a copy to Secretary to attach as Requisition back-up.
  - ✓ Employee prepares “**Expense Claim Form**” including proof of attendance
  - ✓ If employee paid registration, provide proof of payment.
  - ✓ If employee incurred travel expenses, provide copies of automobile registration AND insurance as well as the MapQuest report to support mileage driven.
  - ✓ Employee supplies receipts for applicable expenses, such as tolls, parking, lodging, food
  - ✓ Building Principal/Supervisor signs “Expense Claim Form.”
  - ✓ Employee submits APPROVED Request Form AND Expense Claim Form including ALL PAPERWORK to Building/Department Secretary.
  - ✓ Secretary prepares Purchase Order Requisition, scanning all forms as Requisition Backup.
  - ✓ Employee will be reimbursed after the Board Meeting approval of expenses.
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- **Reimbursement will only be made for up to the amounts that are Board approved.**
  - **If any component of the procedure is missing or incomplete, forms will be returned for correction and reimbursement will be delayed.**
  - **All submissions must conform to Board Policy #6471.**
  - **Please be sure to keep copies of all forms and receipts for your records.**

**REQUEST FOR AUTHORIZATION TO ATTEND WORKSHOP/CONFERENCE**  
 (prior Superintendent approval required per N.J.A.C. 6A:23B-1.1 et.seq.)

All requests shall be governed in accordance with Board Policies #3440, #4440 and #0147

Name \_\_\_\_\_ School/Department \_\_\_\_\_

I request permission to attend the following meeting or conference:

Conference: \_\_\_\_\_ Location: \_\_\_\_\_

Purpose for attending: \_\_\_\_\_

Date(s) away from work: \_\_\_\_\_ Date(s) substitute needed: \_\_\_\_\_

EXPENSES	TOTALS	ACCOUNT CODE (required)
REGISTRATION/FEES	= \$ _____	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

EMPLOYEE PAID  
 DISTRICT PAID

TRAVEL

Mileage \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
           miles           \$/mi.

Tolls \_\_\_\_\_ = \_\_\_\_\_

Parking \_\_\_\_\_ = \_\_\_\_\_

Food \_\_\_\_\_ = \_\_\_\_\_  
       # meals

Lodging \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
           # days           rate

Travel Total = \$

MISCELLANEOUS: \_\_\_\_\_ = \$

specify request

Substitute \_\_\_\_\_ = \$

yes/no   # days

TOTAL EXPENSES = \$

RESOLUTION NO. \_\_\_\_\_ BOE APPROVAL DATE \_\_\_\_\_

Route for Approval/Action	Initials	Date
1 Principal (responsible for acct. code)	_____	_____
2 Dir. Of Curr. & Instr.	_____	_____
3 Superintendent	_____	_____
4 Bus. Administrator	_____	_____

PEQUANNOCK TOWNSHIP PUBLIC SCHOOLS

Pompton Plains, NJ

EXPENSE CLAIM FORM

ALL RECEIPTS MUST BE ATTACHED TO FORM BEFORE PAYMENT WILL BE ISSUED

Name (Please print) Name of conference / workshop / meeting Date(s) attended

NOTE: ALL CLAIMED ITEMS MUST BE RECEIPTED EXCEPT FOR MILEAGE

REGISTRATION FEES \$

TRAVEL

Mileage miles x \$/mi =

Tolls =

Parking =

Food # meals =

Lodging # nts x rate =

TRAVEL TOTAL \$

MISCELLANEOUS Specify \$

TOTAL EXPENSES \$

RESOLUTION NO. BOE APPROVAL DATE

Make check payable to: (Include address if other than school)

I hereby certify that the above statement is just and correct and that the amount is due, and that prior written approval for these expenditures was obtained.

Date Claimant's Signature

I certify that this account has been examined and, to the best of my knowledge and belief the amounts claimed were necessary for the performance of the claimant's assignments or in accordance with an approved Professional Leave Request.

Principal/Supervisor Date

OUT OF DISTRICT  
PROFESSIONAL DEVELOPMENT EVALUATION FORM

Attendee: \_\_\_\_\_ Date: \_\_\_\_\_

Workshop/Event: \_\_\_\_\_ Presenter(s): \_\_\_\_\_

**Statutory Requirement:** After the event, attendees must provide a brief report to include the answers to A, B, and C listed below (P.L. 2007, c.53: travel requirements at N.J.S.A. 18A:11-12):

A. Primary purpose of workshop: \_\_\_\_\_

B. Key issues addressed: \_\_\_\_\_

C. Relevance to improving instruction or operation: \_\_\_\_\_

Please rate this workshop on a scale of 1 - 5 (1=lowest & 5=highest). Circle one:

1. How relevant was this workshop to your needs?

1    2    3    4    5

2. How would you rate the usefulness of the material?

1    2    3    4    5

3. How well will you be able to integrate the skills that you have learned?

1    2    3    4    5

4. How do you rate the presenter(s)?

1    2    3    4    5

5. Would you recommend this workshop to others?

1    2    3    4    5

6. How would you rate the overall training?

1    2    3    4    5

Please answer the following questions:

7. What aspects of the workshop will be most valuable in your work?

8. How will you share the information with others?

Please complete and return this form to D. Fisher, C.O.

Thank you for participating in this workshop. We encourage everyone to turn-key valuable information to district colleagues.

Cc: Building Principals/Administrators/Supervisors

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