



CONFERENCE REQUEST

This form and associated back-up must be received in the District Office at least 3 weeks prior to the required registration date of the conference to ensure that all paperwork is processed in a timely fashion. All payment information MUST be provided for conferences and lodging. **NOTE: If an advance payment is required, it MUST be indicated.** By virtue of attending this conference, you agree to share all learned information with your colleagues.

A Conference Claim Form or Mileage Claim Form must be submitted for reimbursement after the conference. Expenses must be itemized and include original itemized receipts. Credit card receipts are NOT acceptable. If attending with others, separate receipts are required. Meal and mileage reimbursement will be made as per Federal guidelines and rates current at the time of travel.

Print Name: _____ Date of Request: _____

Conference Title: _____

Other Staff Members Attending: _____

Briefly Describe Expected Benefit: _____

Conference Date(s): _____ Conference Location: _____

Registration Fee Payable to: _____

Address: _____

Advance Payment Required? Yes No Required for Registration Yes No

Lodging Payable to: _____

Address: _____

Lodging Confirmation#: _____ Advance Payment Required? Yes No Check Required at Check-in

I have read and understand the requirements above: Signature _____

EXPENSES:

CONFERENCE Registration Fee(s) \$ _____

Conference Materials: _____ \$ _____

LODGING # of days _____ \$ _____

TRAVEL Airfare Carrier _____ To/From _____ \$ _____

Baggage Fees _____ \$ _____

Shuttle/Ground Transportation _____ \$ _____

Parking _____ \$ _____

Mileage (Personal Car) # Miles (round trip from MCSD) _____ x Rate _____

x # Trips _____ \$ _____

TOLLS (original receipt/s or print out from EZ Pass required) \$ _____

MEALS

(Taxes and gratuities up to 15% will be reimbursed with meals up to the allowance)

Breakfast # _____ x Allowance \$ _____ \$ _____

Lunch # _____ x Allowance \$ _____ \$ _____

Dinner # _____ x Allowance \$ _____ \$ _____

OTHER

_____ \$ _____

(attach specific information as required)

TOTAL EXPENSES \$ _____

BUDGET CODE/S _____

Approved/Denied Principal/Supervisor: _____ Date: _____

Approved/Denied Assistant Superintendent: _____ Date: _____
of Curriculum

Approved/Denied Superintendent: _____ Date: _____