

GATEWAY REGIONAL SCHOOL DISTRICT
12 LITTLEVILLE ROAD
HUNTINGTON, MA 01050

**IF YOU ARE UNABLE TO
ATTEND DUE TO ILLNESS,
PLEASE TRY TO SEND AN
ALTERNATE**

PROFESSIONAL DAY(S) REQUEST

- Step 1: Request form to be filled out completely
- Step 2: Obtain building administrator approval and signature
- Step 3: Attach supporting documentation (see reverse side for checklist)
- Step 4: Obtain Curriculum Director's approval. Once approved by Curriculum Director and School Business Official, the building secretary will be notified and the registration process will begin

NAME _____ TODAY'S DATE _____

SCHOOL/OFFICE _____ GRADE/DEPT _____

PLEASE CHECK: TEACHER _____ PARA _____ ADMIN _____ SECRETARY _____ GUIDANCE _____

NUMBER OF DAYS REQUESTED _____ DATE(S) OF CONFERENCE _____

TYPE OF CONFERENCE/MEETING/WORKSHOP: _____

TITLE: _____ PLACE/LOCATION _____

WILL A SUBSTITUTE BE NEEDED? YES _____ NO _____ DATE(S) _____

ACCOUNT THAT SUBSTITUTE WILL BE FUNDED FROM _____

DOES THIS PROFESSIONAL DEVELOPMENT PROGRAM CONTAIN A TECHNOLOGY COMPONENT? YES _____ NO _____

HOW DOES THIS PROFESSIONAL DEVELOPMENT RELATE TO THE DISTRICT IMPROVEMENT PLAN/COMMON CORE STANDARDS/DISTRICT CURRICULUM? _____

POSSIBLE TYPES OF REIMBURSEMENTS REQUESTED (If items are approved below, an estimated requisition must be entered by the secretary prior to the person attending the conference for reimbursement to take place):

REGISTRATION TOTAL \$ Travel, hotel, and/or meals are necessary because _____

ROUND TRIP MILES _____ x current rate _____ = \$ _____ TOLLS \$ _____ PARKING \$ _____

*MEALS (NOT INCLUDED ON REGISTRATION FORM) \$ _____ HOTEL \$ _____ TOTAL \$

Attach supporting documents: registration form and conference flyer, Google map for mileage, hotel quote, flight quote, tolls, parking est., etc. All receipts should be turned in immediately after you return from the conference/workshop. Meal receipts must show the individual breakdown of food. General credit card receipts showing only the total will not be accepted. Alcohol and tobacco products are not reimbursable. Meal reimbursement includes meal and tip only, no tax. Maximum meal allowance per day is \$75.00.

(TO BE COMPLETED BY PRINCIPAL/CURRICULUM DIRECTOR/SCHOOL BUSINESS OFFICIAL)

IS THIS REQUEST A BUDGETED ITEM? SCHOOL BUDGET _____ GRANT BUDGET _____

IF COSTS ARE TO BE PAID BY A GRANT: GRANT NAME _____ GRANT ACCT. _____

APPROVAL OF PRINCIPAL/DIRECTOR: _____ Date _____

APPROVAL OF CURRICULUM DIRECTOR: : _____ Date _____

APPROVAL OF SCHOOL BUSINESS OFFICIAL: _____ Date _____

AMOUNT APPROVED BY SCHOOL BUSINESS OFFICIAL REVISED. 11/30/22 (see next page)

Checklist for Conference and Payment Requests

_____ Professional Day Request form signed and approved. You should also fill out any other time off request forms required by building secretary.

_____ Registration form including information and supporting documents (print out of conference agenda from website or brochure to show costs, etc).

_____ Google map for mileage reimbursement requests

_____ Hotel quote, if applicable. Unless the hotel accepts a purchase order, you are responsible for booking and paying for the hotel. You will be reimbursed.

TO BE SENT TO ACCOUNTS PAYABLE AFTER YOUR WORKSHOP

WITH ALL RECEIPTS APPLICABLE***

_____ Proof of attendance upon return

_____ Personal Expense Voucher signed and approved. Use this form if you requested to be reimbursed for round trip miles, tolls, parking, hotel expenses and/or meals.

_____ Meals/Parking/Toll receipts, if applicable

_____ Hotel bill, if applicable

_____ Airfare/Train/Taxi, if applicable