SPECIAL EDUCATION DISTRICT OF LAKE COUNTY

18160 Gages Lake Road, Gages Lake, IL 60030-1819

CONFERENCE REQUEST FORM

FOR: _____   DISCIPLINE/PROGRAM: _____
(Staff Member's Name)

TO: _____   REQUEST DATE: _____
(Supervisor/Principal's Name)

CONFERENCE DATE (s): _____

NAME OF CONFERENCE: _____

LOCATION OF CONFERENCE: _____

Share specific topics/sessions of interest being presented and why you believe your attendance at this conference will benefit you and your work assignment:

Describe your plan for sharing with your discipline the knowledge you will gain from attending this conference/training:

Date/Time for presenting to discipline: _____

Estimated Expenses/Release Days:

Number of release days needed: _____   Non-student attendance day: ☐Yes ☐No

Substitute Teacher: ☐Yes (# of days_____)   ☐No

Registration ....$_____
Lodging ....$_____
Airfare……………………… ......$_____   Conference Total: $_____
Transportation.........................$_____   Amount Approved: $_____
(Include: cab/bus/train, parking, tolls, rental car, etc.)   *Balance: $_____
Mileage _____ x .535 = ...$_____
Meals ....$_____
Other (describe/itemize) ....$_____

All dollar amounts must be included on this form if you are requesting reimbursement.
*Balance may be reimbursable at the end of the year based on your discipline's remaining funds. Please review the procedures for conference requests and reimbursement.

Approved by Supervisor/Principal?   ☐Yes ☐No**

Signature: _____   Date: _____

Approved by Curriculum Dept.?   ☐Yes ☐No**

Signature: _____   Date: _____

**If NO, please state reason(s):

FOR OFFICE USE ONLY:
****
ACCOUNT CODE: _____

FORM #307a (Revised 12/27/16) LW:sm

SPECIAL EDUCATION DISTRICT OF LAKE COUNTY

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CONFERENCE REIMBURSEMENT FORM

EMPLOYEE NAME: _____

DISCIPLINE: _____ CONFERENCE DATE : _____

CONFERENCE NAME: _____

EXPENSES (all _itemized_ receipts must be attached)**:**

REGISTRATION: _____

LODGING: _____

MEALS: _____

AIRFARE: _____

TRANSPORTATION: _____
(rental car, parking, cab/bus/train, etc.)

TOLLS: _____

MILEAGE: _____ Total Miles X .535 = _____

TOTAL EXPENSES: _____

APPROVED REIMBURSEMENT: _____

BALANCE: _____

Employee Signature: _____ Date: _____

Supervisor/Principal Approval: _____ Date: _____

Curriculum Dept. Approval: _____ Date: _____

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OFFICE USE ONLY:

<u>Account #</u>   <u>Amount</u>   Date:

_____ $ _____   _____

Accounts Payable _____

End of Year Reimbursement: $_____ Account Code: _____

Curriculum Dept. Approval: _____ Date: _____

Accounts Payable _____

FORM #307c (Revised 12/27/16) LW:sm