ORISKANY CENTRAL SCHOOL DISTRICT
CONFERENCE/WORKSHOP REQUEST FORM

****** YOUR CONFERENCE/WORKSHOP REQUEST MUST BE RECEIVED IN THE BUSINESS OFFICE AT LEAST 45 DAYS BEFORE PAYMENT IS DUE ******

Name _____ **Date of Request** _____

Please remember - this form MUST be received AT THE BUSINESS OFFICE AT LEAST 45 prior to the registration deadline

Name of Conference/Workshop _____

Location of Conference/Workshop _____ **Date(s)** _____

Purpose of Conference/Workshop (outcomes, expectations, connections to position)

_____

_____

How do you plan to travel?

☐ School Car (Attach request for use of school car)

☐ Personal Car (No reimbursement for mileage*)

IF THE SCHOOL CAR IS NOT AVAILABLE, YOUR OWN VEHICLE MAY BE USED AND MILEAGE REIMBURSEMENT WILL BE PAID AT THE I.R.S. RATE PER MILE

ANTICIPATED EXPENSES:

ESTIMATED COST:

Total miles _____ at .57.5 cents per mile (1/2020): _____

Google Maps to support mileage attached

Tolls, Parking or Other _____

Is there a registration fee? ☐ YES ☐ NO **Amount:** $ _____

Please do not register until approved

If there is a registration fee, how is it being paid? ***Please provide all supporting information***

☐ PURCHASE ORDER ☐ CREDIT CARD ☐ CHECK IN ADVANCE

Do you need lodging? ☐ YES ☐ NO **Amount:** $ _____

If lodging is being arranged through the business office, provide specific dates, hotel name and address, if you are sharing a room, and any other details you feel are pertinent

What payment method is accepted? ☐ PURCHASE ORDER ☐ CREDIT CARD ☐ CHECK IN ADVANCE

Please provide all supporting information

Meals **(No alcoholic beverages or tax - please get tax exempt cards from the business office. You MUST submit an itemized receipt - not just a credit card copy - or we will be unable to reimburse)** _____

Other Miscellaneous Expenses _____

Total of all Expenses **$** _____

On what days will you be absent from school? _____

Is a substitute required? ☐ **YES** ☐ **NO**

Date _____ **Signature of Requestor** _____

OFFICE USE ONLY

FUNDING SOURCE **(Immediate Supervisor or Curriculum Director - Please check appropriate fund and insert code)**

General Fund ☐ **Code:** _____

Federal Fund ☐ **Code:** _____

_____ _____

Immediate Supervisor's Signature * **Date**

* PLEASE DO NOT APPROVE UNTIL ALL ITEMS ARE COMPLETED AND YOU HAVE RECEIVED BACKUP FOR THIS REQUEST - IF INCOMPLETE PLEASE RETURN TO REQUESTOR

PLEASE REMEMBER THE BUSINESS OFFICE NEEDS 45 DAYS PRIOR TO THE REGISTRATION DEADLINE TO PROCESS ALL REQUEST

_____ _____

Curriculum Director's Signature * **Date**

* PLEASE ENSURE MLP SUBMISSION PRIOR TO APPROVAL

_____ _____

Superintendent's Signature **Date**

_____ _____

School Business Administrator's Signature **Date**