

**SUSSEX-WANTAGE REGIONAL SCHOOL DISTRICT
PROFESSIONAL DAY / ADMINISTRATIVE REQUEST FORM**

Requests must be received by the Business Administrator 60 days in advance of the event.
All requests for reimbursement of funds require final approval by the Board of Education in accordance with N.J.A.C.6A:23A

Workshop Attendance Conference Attendance Substitute Needed: Yes No

Name: _____ Date: _____

Position: _____ School / Department: _____

Total Professional Days used or applied for by individual to date: _____ (must complete)

I hereby request the following in accordance with prescribed procedures. **A COPY OF THE INVITATION MUST BE ATTACHED TO THIS FORM.**

Date(s): _____ Location: _____
City State

Title of Workshop/Conference: _____

Anticipated Benefits/Purpose: _____

Expenditures	Requested Cost not to exceed
1. Fees / Registration (attach copy)	\$ _____
2. Mileage (Round-trip from District) _____ @ \$0.47 <small>(rate effective July 1, 2008 in accordance with N.J.S.A 18A:11) miles per mile (please attach mileage calculation backup from www.mapquest.com)</small>	\$ _____
3. Transportation (i.e.: Plane, train, bus)	\$ _____
4. Tolls	\$ _____
5. Parking	\$ _____
6. Housing for Multiple Day Conferences Only _____ \$ _____ <small>(check www.gsa.gov/perdiem) for maximum daily reimbursement) nights per diem</small>	\$ _____
7. Meals for Multiple Day Conferences Only _____ \$ _____ <small>(check www.gsa.gov/perdiem) for maximum daily reimbursement) days per diem</small>	\$ _____
BUDGET LINE: - - - - -	\$ _____
BUDGET LINE: - - - - -	\$ _____
	\$ _____ TOTAL

Approved
 Not Approved Supervisor's/Principal's Signature Date

Approved
 Not Approved Superintendent's Signature Date

Business Office Approval of Expenditures
 Board of Education Approved Date of Board Meeting: Resolution #:

All requests for reimbursement submitted to the Business Office must include this fully executed Professional Day Request Form and appropriate documentation.