

So you want to go to a conference? Please Read Carefully!

Get Permission

- Determine if you will pay & register upfront, or if your conference accepts a Purchase Order
- Fill out the [conference request form](#) fully marking the type of Registration in the Employee Special Instructions section
- Submit to your Principal who will have Dr. Howard Sign it
- Once you get the signed copy back you may put in a sub request to Aesop

Register for the conference

- Pay upfront if getting reimbursed
- If paying with PO/Check from district send Emily the following:
 - Signed Meeting Request Form
 - Proof of registration with link, email or address to submit PO

Attend conference

- Obtain itemized food receipts
- Print Google map of trip. We will pay mileage for the shorter distance from school or home.

After Conference

- Gather all receipts and fill out a reimbursement form, get from the office
- IRS Mileage rate is currently 67 cents per mile
- Send receipts and forms to Emily for reimbursement PO req



**Mount Gilead Exempted Village School District
Professional Meeting Request Form
Complete top portion of this form prior to your meeting**

Requested by (employee): _____
 Job Title / Program _____
 Building Assignment _____
 Name of Meeting / Conference _____
 Registration "payable to" _____
 Date(s) of Meeting / Conference _____ Location (city) _____

All meeting expenses, including mileage, must be requested on this form along with your completed registration. You may not use funds to pay for CPR, CAP, or First Aid training.

Registration Fee \$ _____

Substitute Needed - It is your responsibility to make arrangements for a substitute.

**Employee is responsible for registering. A copy of registration form must be attached & received 2 weeks prior to deadline for registration in order to be paid by MGEVSD. A copy of conference overview should also be submitted.*

**If there is no registration fee for the meeting, employee is responsible for submitting their own registration after approval is received.*

**Membership dues and CEUs are to be paid by employee to the organization – do not include these in registration fee.*

**Please circle or highlight on the registration form to whom check is to be made payable and the mailing address for the payment.*

Estimated reimbursable expenses:

Travel / Parking \$ _____ based on .545 cents per mile or other rate: _____
 Meals \$ _____ allowable with overnight stay only - \$35 limit per overnight stay
 Lodging \$ _____ list date(s) of stay _____ - \$80 per night/max
**complete lodging above if employee is paying and requesting reimbursement for lodging (share rooms when possible)*

Please note: Breakfast will not be reimbursed on the day of departure and dinner will not be reimbursed on the day of return. No charges for alcohol shall appear on any receipt submitted for reimbursement. No tax will be reimbursed.

Complete hotel information below only if check is to be processed by MG for lodging:

Name of hotel _____
 Address _____
 City, State, Zip _____
 Telephone # _____
 List date(s) of stay _____
 Confirmation # _____
 Exact amount for hotel \$ _____

***Hotel reservation must be made by employee with confirmation # required – receipt must follow upon return.
 MG will process check & tax exemption form and will forward to you before your departure.**

EMPLOYEE SPECIAL INSTRUCTIONS

Must be completed in order to process

Please check appropriate item(s)

 Employee Signature _____ Date _____

 I have confirmed that all required information and attachments are complete.

- ____ Copy of completed registration form and conference overview with a fee is attached, please process
- ____ I will register, pay fee and request reimbursement (for all on-line registrations or past deadline or processing)
- ____ I will register, MG please pay the fee directly
- ____ No registration fee, I will register
- ____ Sharing room with _____
- ____ This is an MG event. There is no registration fee required.
- ____ This is an SST event. There is no registration fee required.

 Approval of Supervisor (indicates approval for attendance & preliminary budget) _____ Date _____

Additional Info:

 Approval of Superintendent _____ Date _____

***A "PROCESSED" copy of this form will be e-mailed to employee after approval & processing.
 emailed to employee _____***