

POCONO MOUNTAIN SCHOOL DISTRICT
PROFESSIONAL CONFERENCE REQUEST

Account Code

PART I. (To be submitted prior to conference registration)

Name: _____ Date: _____
Last First Middle Initial

Name of Conference: _____ Date(s) _____
From To

Location of Conference: _____ Substitute Needed: _____
Dates(s)

Sponsoring Organization: _____

I am am not a member of the organization sponsoring this conference.
State the benefit(s) of attending the conference and how you will share information with colleagues: _____

The school district will be responsible for the following expenditures. *Upon return from the conference, an itemized statement of expenses shall be submitted in the appropriate column and submitted for payment. ORIGINAL RECEIPTS FOR ALL ITEMS, including MEALS, TOLLS, PARKING, etc. ARE REQUIRED. A brief report of the conference is required within one week of the conference, or prior to final payment.

	Estimated Expenditures	*Actual Expenditures
Travel (IRS Rate per mile) (Round Trip) . . .585. . . X Rate/mile.	\$ _____	\$ _____
Meals (Maximum - \$35.00 per day) x (# of days _____).	\$ _____	\$ _____
Lodging (# of nights _____) x (rate _____)	\$ _____	\$ _____
Registration (Full registration fee)	\$ _____	\$ _____
Tolls/Parking	\$ _____	\$ _____
Other	\$ _____	\$ _____
Sub Total	\$ _____	\$ _____
Substitute (\$150.00) x (# of days _____)	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

All conferences in excess of \$1,500.00 must be Board approved and submitted two weeks prior to a Board meeting. (Mtg. 1st/₃rd Wednesday each month)

PART II. (To be completed ONLY if requesting an advance) (75% of total expenses not to exceed \$500.00)

Advance Requested: \$ _____
Payable to: Hotel: _____ Full
Registration (attached completed registration form) _____ Other

Prior Conferences Attended This Year: _____

PART III. I verify that the information presented in relation to this conference is accurate and the expenses for the period covered are correct.

Applicant's Signature _____ Date _____ Principal's Signature _____ Date _____

Supervisor's Signature _____ Date _____ Assistant Superintendent's Signature _____ Date _____

PART IV. (Office use only)

Conference Approved: Conference Not Approved: Amount of Advance Approved: \$ _____

Your attendance at this conference carries with it the obligation of providing a workshop for colleagues if requested

Superintendent's Signature _____ Date _____

Expenditures Approved: _____ Expenditures Not Approved: _____ Reason for Denial: _____

Superintendent's Signature _____ Date _____

Brochures, Registration form, and conference materials, must be submitted with Professional Conference Request !!