

**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 account of expenses shall be submitted in the appropriate column and submitted for payment within 30 DAYS. ORIGINAL RECEIPTS FOR ALL ITEMS, including MEALS, TOLLS, PARKING, etc. ARE REQUIRED. A brief report of the conference is required within 30 days of the conference, or prior to final payment.*

	Estimated Expenditures	*Actual Expenditures
Travel (IRS Rate per mile) (Round Trip) . . .67. . . X Rate/mile.	\$ _____	\$ _____
Meals (Maximum - \$60.00 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 \$2,000.00 must be Board approved and submitted two weeks prior to a Board meeting. (Mtgs. 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: \$ _____

Superintendent's Signature _____
Date

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

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 !!