

**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 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) . . . . . X Rate/mile. . . . .	\$ _____	\$ _____
Meals (Maximum - per day) x (# of days _____). . .	\$ _____	\$ _____
Lodging (# of nights _____) x (rate _____) . . . . .	\$ _____	\$ _____
Registration (Full registration fee) . . . . .	\$ _____	\$ _____
Tolls/Parking . . . . .	\$ _____	\$ _____
Other . . . . .	\$ _____	\$ _____
Sub Total . . . . .	\$ _____	\$ _____
Substitute (\$ ) 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. 1<sup>st</sup>/3<sup>rd</sup> 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 !!**