

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)70 . . 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 !!