

ROSE TREE MEDIA SCHOOL DISTRICT

PROCEDURE FOR REQUEST TO ATTEND A CONFERENCE

1. Apply for approval to attend conference by completing the *Conference Request Form*.

This form should be submitted through your building principal. Allow adequate time for processing (approximately three weeks). Please estimate the following costs for reimbursement consideration:

- Registration
- Hotel/Lodging
- Transportation
- Tolls
- Parking
- Mileage (@ .58/mile)

Guidelines for meal reimbursement: Full Day (three meals, maximum \$30).

NOTE: Expenses for alcoholic beverages will not be considered for reimbursement.

2. Approval will be based on the following considerations:
 - a. Distribution of conference experience among all staff members to best meet the needs of the district
 - b. Benefits in providing background for professional district/building goals
 - c. Expenses vs. available funds
 - d. Impact of absences and available substitutes
3. Prior to attending, check with your principal to confirm substitute coverage of your classes.
4. The *Expense Report Form* and *Post Conference Report* must be filed within two weeks after attending the conference.
 - a. The *Expense Report Form* should list actual expenditures, which are listed on the *Conference Request Form* and should correspond to the estimated costs listed on the initial request. This form should be submitted through your principal and then forwarded to the appropriate director. **RECEIPTS MUST BE ATTACHED FOR ALL EXPENSES.** You will not be reimbursed for any expenses (outside of mileage and tips) for which you do not have receipts. Please note that only the expenses pre-approved by the Principal/Director will be reimbursed.
 - b. The completed *Post Conference Report* should be submitted to the building principal with a copy sent to the appropriate supervisor. As listed on your *Post Conference Report*, make arrangements for sharing the information gained at this conference.

Thank you for your cooperation in helping us comply with the required procedures and making the best use of our conference funds.

**ROSE TREE MEDIA SCHOOL DISTRICT
CONFERENCE REQUEST FORM**

Name: _____ **Date:** _____

Position: _____ **Building:** _____

Others Attending: _____ **Dates of Attendance:** _____

(1) Conference Information (please attach all required forms)

Title: _____

Location: _____

Subject: _____

Registration Fee: _____ Estimated Expenses: _____

Advance payment required by _____
(Date)

(2) Principal/Supervisor Recommendations:

(3) Recommendation of Principal/Director:

- Level 1: Registration, substitute fee, mileage, meal allotment and accommodations will be reimbursed by the school district.
- Level 2: Registration and substitute fee will be reimbursed by the school district.
- Level 3: Only substitute fee will be paid by the school district.
- Level 4: Only registration will be paid by the school district.

Recommend approval _____ Do not recommend approval _____

Principal/Director: _____ Date: _____

(4) Conference Registration to be charged to: _____
Name of Account Account Code Init.

(5) Substitute fee to be charged to: _____
Name of Account Account Code Init.

Substitute not needed

(6) Assistant Superintendent's Action: Approved _____ Disapproved _____

Assistant Superintendent: _____ Date: _____

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POST CONFERENCE EXPENSE REPORT

NOTE: This form must be used for final payment and reconciliation and must be submitted for audit purposes to the Business Office within two weeks. Proof of conference attendance must accompany this form; namely hotel receipts, registration, plane, train, bus receipts. Attach a completed *Purchase Order* if additional payment is to be made.

Name: _____ Date: _____

School/Building: _____

Conference Name: _____

Date of Attendance: _____ Location: _____

FINAL EXPENSES:

A. Lodging: No. of Nights _____ @ _____ \$ _____

B. Meals: No. _____ @ _____ \$ _____

C. Transportation: Air, Train, Bus Fare or
_____ miles by car @ \$.57.5/mile \$ _____

D. Other Expenses: _____ \$ _____

(please itemize) _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL \$ _____

AMOUNT ADVANCED \$ _____

BALANCE DUE/REFUNDED \$ _____

Attendee Signature: _____ Date: _____

Principal Approval for Reimbursement: _____ Date: _____

Attach a copy of the *Conference Request Form* and approved *Conference Expense Report* to a requisition and submit to the district business office for processing.

ROSE TREE MEDIA SCHOOL DISTRICT

POST CONFERENCE REPORT

Name: _____

School/Building: _____

Conference Name: _____

Location: _____

Subject: _____

Please provide below a summary of your conference experience and/or a plan to share your experience approved by your building principal/director.

Attendee Signature: _____ Date: _____

Principal Initials: _____