Scituate Public Schools
Scituate, Massachusetts

CONFERENCE APPLICATION and REIMBURSEMENT FORM

It is the responsibility of the individual who plans to attend a conference to register him/herself.
Applicants should complete the first section and present the form to appropriate supervisory personnel 30 days prior to the conference. A copy will be returned to the applicant upon administrative approval. Teachers are allowed two conferences per school year with a maximum reimbursement of $100 per school year.

SECTION 1 – CONFERENCE APPLICATION

Name: _____ **Date Requested:** _____

School / Department: _____ **Position Title:** _____

Name of Conference or Event: _____

Location of Conference (City, State): _____ **MM/DD/YY Conference:** _____

Estimated Costs **Registration $** _____ **Travel Expenses (Rooms, Meals, Trans) $** _____

I am requesting a total of $ _____ ***($100 max)*** ***I am requesting full cost $** _____

This in my: ☐ **First Conference** ☐ **Second Conference** **Signed:** _____

EMPLOYEE SIGNATURE

*Conference is required and funded by Curriculum and/or Special Education Office.

Administrative Use Only – Approval of Requested Funds

Reimbursement Approved $ _____ **Account Number #** _____

Admin Approval: _____ **Approved by:** _____ **Date:** _____

Department Chair Approval: _____ **Approved by:** _____ **Date:** _____

Curriculum/SPED Approval: _____ **Approved by:** _____ **Date:** _____

Business Office Approval: _____ **Approved by:** _____ **Date:** _____

Reason Not Approved:

SECTION 2 - REQUEST FOR REIMBURSEMENT

Complete this section only after your request for funds has been approved and you have paid for the conference expenses. Sign the bottom of the form, keep a copy for yourself, and return the form with your receipts to the Business Office for reimbursement. If your request for reimbursement is not made within the current school year of your event, your funds will be forfeited. You can only request reimbursement for the conference and date(s) of conference named above. If you attend an unapproved conference, you will not be reimbursed.

ITEM (Receipts are required for every expense item, except mileage.)	**EXPENSES**
REGISTRATION:	**$** _____
TRANSPORTATION:	_____
Personal Vehicle (Miles x 0.32):	_____
Toll Charges, Parking, Other:	_____
OTHER (Specify):	_____
MEALS (Receipts are required.):	_____
TOTAL EXPENSES:	**$** _____
BALANCE DUE EMPLOYEE:	**$** _____

By signing below, I acknowledge that I used these funds for professional development purposes only.

_____ ***Please return this form with receipts to the Business Office***
EMPLOYEE SIGNATURE **DATE** ***Or mail to 606 Chief Justice Cushing Hwy Scituate, MA 02066***

Business Use Only - Approval for Reimbursement:

Approved By	**Date**	**P.O. #**	**Amount**