

CONFERENCE REQUEST FORM

Please read the procedures on the reverse side before completing this form!

Date when form was completed: _____

Name(s): _____

Position(s): _____ School/Building: _____

Conference Information

(Conference Information **MUST** be attached.)

Date(s) of Attendance: _____ Location: _____

Title of Conference: _____

Rationale for Attendance (minimum of 2 sentences): _____

Expenses

(Asterisk * indicates that a Payment Requisition **MUST** be attached.)

Registration: \$ _____ x _____ Check Payable To* _____ \$ _____
Amount per person

Lodging: _____ Nights @ \$ _____ per night (include tax) _____
____ Reserved by Personal Credit Card (Final Expense Reimbursement)
____ Need Check Prior to Conference (If credit card is not used.)
Check Payable To* _____

Meals: _____ Days @ \$ _____ per day or 1 day (\$15 maximum allowance) _____

Transportation: **Automobile** (both must be filled out if over 125 miles) Lesser of: _____
Personal: _____ miles @ \$ _____ per mile = \$ _____
Rental: _____ days x \$ _____ daily rate + \$ _____ fuel = _____
Please contact Business Office for name of company used.

Airfare _____
Airline _____ Departure Date _____ Return Date _____
____ Reserved by Personal Credit Card (Final Expense Reimbursement)

Other Expenses: _____

Conference subtotal of \$400 and under per person needs Superintendent approval.
Conference subtotal of \$401+ per person needs Superintendent **and** Board approval.

SUBTOTAL: \$ _____

Substitute Costs: _____ subs x _____ days x \$ _____ per day _____

TOTAL: \$ _____

ACCOUNT INFORMATION: _____ General _____ State _____ Federal

Name/Title for Registration _____ Number: _____ - _____ - _____ - _____ - _____ - _____

Balance: \$ _____ (If not enough money, principal/supervisor **must** attach a budget transfer.)

Name/Title for Lodging & Travel: _____ Number: _____ - _____ - _____ - _____ - _____ - _____

Balance: \$ _____ (If not enough money, principal/supervisor **must** attach a budget transfer.)

____ Conference Expenses being paid by _____
Name of Organization

Substitute Account Number: _____ - _____ - _____ - _____ - _____ - _____

____ Substitute Costs being paid by _____
Name of Organization

Form Received Approvals

____ Approved Disapproved

____ Principal/Supervisor Signature _____ Date

____ Approved Disapproved

____ Cabinet Member Signature _____ Date

____ Approved Disapproved

____ Superintendent Signature _____ Date

Reason for Disapproval: _____

Conference Placed On _____ Memorandum or _____ School Board Agenda

Approved Copies to: Accounting Dpt. Payroll Dpt. Principal/Supervisor Applicant(s)

BETHLEHEM AREA SCHOOL DISTRICT CONFERENCE REQUEST PROCEDURE

Any request requiring payment for registration, overnight accommodations, meals, mileage, and substitutes is considered a conference. All Conference Request forms must be signed by the applicant's principal/supervisor, cabinet member, and the Superintendent of Schools. Conferences totaling \$400 or more must be approved by the Board of School Directors and must appear on the monthly board agenda prior to the conference attendance and any payments. Applicants will be excused from their normal duties to attend a conference only on the days approved by the Superintendent and/or Board of School Directors.

When applying for a conference, all requested information, an accurate breakdown of estimated expenses, and the total of the expenses must be noted and correctly calculated. Information regarding the conference must be attached. Conference attendance and/or the personal payment of any conference expense may not precede approval from the Superintendent or the Board of School Directors. Expenses will not be reimbursed to the applicant if either of these actions occur.

One-hundred percent (100%) of fully approved costs will be advanced for registration, lodging, and travel, only if the Payment Requisitions are prepared for direct payment to the company, hotel, or airline, and are submitted along with the Conference Request form. If your trip exceeds 125 total miles, it is required that you complete the calculation for cost associated with using your personal vehicle versus the cost of renting a vehicle. The school district will reimburse the lesser of the associated costs. The district has a corporate account with Enterprise Rent-A-Car and may be contacted locally at 610-746-3300. Do not authorize additional insurance. A copy of the conference registration form and/or hotel reservation form indicating rates, dates, etc. must be submitted with the Payment Requisition for an advanced payment to be issued. If the attendee does not submit these required forms, the advance payment will not be made.

If the Payment Requisitions are made payable to the applicant, only 75 percent of the total cost will be advanced. The balance of the expenses will be reimbursed after the applicant has submitted a Final Expense form to the Accounts Payable Department with dated, original, itemized receipts. Receipts must be submitted for advanced payment expenses. If valid receipts are not submitted, reimbursement will not be made.

The current rate allowed for meal expenses is \$40 per day for conferences requiring an overnight stay, and \$15 for one-day conferences. The district will not pay for more than three meals per day. The district will reimburse meal expenses only for days approved by the appropriate district staff. Breakfast will not be reimbursed on the day of departure from home; dinner will not be reimbursed on the day returning home. (There may be exceptions regarding meals, depending on flight schedules.) To receive reimbursement, dated, original, itemized receipts for each meal must be submitted. Alcoholic beverages will not be reimbursed.

All account information must be completed by the principal/supervisor prior to cabinet member approval. If there is a negative balance in the account, the principal/supervisor is responsible for doing a budget transfer.

Within ten (10) days of returning from a conference, the applicant must submit a Final Expense form to the Accounts Payable Department with all dated, original, and itemized receipts attached. If the Final Expense form indicates the payment of a balance due, a completed, signed Payment Requisition and a copy of the approved Conference Request must be attached. The applicant will be reimbursed only for expenses incurred on those days approved by the Superintendent or Board of School Directors. Payment Requisitions and Final Expense forms are available in all principal/supervisor offices.

All applicants asking to attend a conference will receive a copy of the request indicating approval or disapproval. A copy of the request will also be sent to the applicant's principal/supervisor, cabinet member, Accounts Payable Department, and Payroll Department.