

**ATHENS AREA SCHOOL DISTRICT
REQUEST TO ATTEND A PROFESSIONAL CONFERENCE
INSTRUCTIONS AND FORM**

INSTRUCTIONS:

1. Please complete attached conference request form estimating expenses as best that you can.
2. Attach backup information regarding conference/workshop (brochure, flyer, etc.).
3. **CONFERENCE PRE-APPROVALS:**

All conference requests must **FIRST** have your Building Principal's signature, **PLUS All Special Education teacher requests also need the Director of Special Services signature Before sending to the Administration Office.**
4. After the above signatures are obtained, send form to Lisa Horton – District Administrative Office. The form will then be checked and given to Doug Ulkins, Superintendent for approval/signature. If all is approved, a copy will be sent back to you, your building principal, and Director of Special Services and Access Secretary (if applicable). **No arrangements should be made until after you receive an approved copy back from the Administrative Office.**
5. If possible, please make your own lodging arrangements. Multiple attendees should reserve rooms in double occupancy. If unable to make lodging arrangements, please contact Lisa Horton regarding placing your lodging arrangements on the district credit card. **Regardless of how lodging arrangements are made, please remember to ask for an itemized receipt for lodging.** When four (4) or less persons attend a conference, the district will pay mileage for one vehicle unless the Administration, in its discretion, authorizes the reimbursement for an additional vehicle as the situation warrants.
6. After the conference, please submit the Reconciliation Form **with ORIGINAL receipts** for reimbursable expenses paid by attendee: registration, lodging, and meals. Meals and mileage expenses per conference, unless otherwise pre-approved, will be reimbursed after the conferences. Expenses CANNOT be reimbursed without receipts.

**NOTE: ALL PROFESSIONAL CONFERENCES MUST SUPPORT THE
DISTRICT'S STRATEGIC PLAN**

FORM 7A
ATHENS AREA SCHOOL DISTRICT
REQUEST TO ATTEND A CONFERENCE FORM

*(If cancellation is needed, it is the responsibility of the attendee(s) to cancel registration and lodging **and** notify Administration Office)*

Attendee Name: _____ Date: _____
(One name per form please)

Building: _____

Name of Conference: _____ Date(s) of Conference: _____
(Please attach supporting document description)

Location of Conference: _____

Substitute Needed: Yes No *(If yes, please fill out substitute request form and turn in to your building principal)*

Mileage _____ x 55.5/mile = \$ _____
 # of miles (round trip)

Registration Fee \$ _____
 Registration Done? Yes ___ No ___

Lodging Fee \$ _____
 Lodging Done? Yes ___ No ___

Cash Advance Requested \$ _____

Estimated Total \$ _____
**Meals (Not more than \$40.00/day)*

PRE-APPROVAL BY BUILDING PRINCIPAL:

___ **Approved** (will be paid from building funds) Account #: _____
 ___ **Recommended** (requesting alternate funding)
 ___ **Not Approved**

Principal Signature

Date

ADDITIONAL APPROVAL:

Director of Special Services _____
Mrs. Cindy Davis *Signature* _____ *Date* _____

Account #: _____

FINAL APPROVAL:

Superintendent _____
Mr. Douglas A. Ulkins *Superintendent Signature* _____ *Date* _____

Processed by Administration Office

- Copy returned to Attendee
- Copy returned to Building Principal
- Copy returned to Cindy Davis
- Copy returned to Susan Hawthorne/Access

Administrative Signature

Date

ATHENS AREA SCHOOL DISTRICT

RECONCILIATION OF CONFERENCE ATTENDED

Name: _____ Date: _____

Name/Location Conference Attended: _____

Date Attended: _____

ACTUAL COSTS:

Actual Total Mileage _____ x 55.5 each mile \$ _____

Registration Fee if paid by employee (attach **original receipt****) \$ _____

Lodging if paid by employee (attach **original receipt****) \$ _____

Meals (attach **original itemized receipt****) \$ _____

**Meals (Not more than \$40.00/day)*

- Minus Total Cash Advanced \$ - _____

TOTAL DUE ATTENDEE \$ _____

Charge to Account # _____

Approved by _____

Or

TOTAL DUE DISTRICT \$ _____

Make any refund checks payable to: Athens Area School District

*(Please Note Expenses cannot be reimbursed without **ORIGINAL RECEIPTS** Attached)
Send Reconciliation Form to Lisa Horton - District Administration Office.
Thank you!)*