

# ATHENS AREA SCHOOL DISTRICT CONFERENCE REQUEST

## INSTRUCTIONS AND FORM

### INSTRUCTIONS:

1. Please complete attached Conference request form *estimating* your expenses.
2. Attach backup information regarding conference (brochure, flyer, etc.).
3. All requests must have your Building Principal's approval first. The approved form is sent to the *Administration Office for final approval from the Director of Student Services, if applicable, and the Director of Curriculum.*
4. After final approval, the District's Procurement Officer, Christine Middlecamp, will make all of the necessary arrangements as needed.
5. If the procurement office is to complete your conference registration please include the necessary information for registration.
6. If lodging arrangements are needed, please include the information where you would like to stay, the number of nights, the check-in, and check-out dates. Multiple attendees will be reserved in double occupancy. When checking out, **please request an itemized receipt for lodging and submit it with your reconciliation form.**
7. Carpooling is encouraged unless previous arrangements have been made with Administration.
8. After the conference please submit the Reconciliation Form **with the ORIGINAL receipts** for reimbursable expenses paid by attendee: registration, mileage, lodging, and meals, etc. Meals associated with the conference for reimbursement **will not** include snacks, gum, candy, etc. Expenses will be reimbursed via direct deposit. Expenses **will not** be reimbursed without **ITEMIZED** receipts.

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

FORM 7A  
**ATHENS AREA SCHOOL DISTRICT**  
**CONFERENCE REQUEST**

*(If you need to change or cancel the conference it is the responsibility of the attendee(s) to inform  
Christine Middlecamp in the Administration Office at ext. 4279)*

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 submit a substitute request form to your building principal)*

Acct # \_\_\_\_\_ Mileage \_\_\_\_\_ x **.575/mile** = \$ \_\_\_\_\_  
# of miles (round trip)

Acct # \_\_\_\_\_ Registration Fee, include registration information \$ \_\_\_\_\_  
Have you completed the registration? Yes \_\_\_ No \_\_\_

Acct # \_\_\_\_\_ Lodging Fee \$ \_\_\_\_\_  
Lodging Done? Yes \_\_\_ No \_\_\_

If No, please list Lodging Preference: \_\_\_\_\_

Number of Nights Needed: \_\_\_\_\_

Check In Date: \_\_\_\_\_

Check Out Date: \_\_\_\_\_

Meal Costs (limited to \$40.00 per day) \$ \_\_\_\_\_

**Estimated Total** \$ \_\_\_\_\_

**INITIAL APPROVAL BY PRINCIPAL or SUPERVISOR:**

\_\_\_ Approved \_\_\_ building budget? \_\_\_ curriculum budget?  
\_\_\_ Not Approved

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**ADDITIONAL APPROVAL (if applicable):**

**Mr. Erick Cummings**

Director of Student Services

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**FINAL APPROVAL:**

**Miss Jamie Schuler**

Director of Curriculum

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Processed by Procurement Office**

Copy emailed to Attendee

Copy emailed to Building Principal or Supervisor

**ATHENS AREA SCHOOL DISTRICT**

**CONFERENCE RECONCILIATION**

**Keep** this form to be completed **after** you attend the conference.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Conference Attended: \_\_\_\_\_

Date Attended: \_\_\_\_\_ Location: \_\_\_\_\_

**ACTUAL COSTS:**

Actual Mileage round trip \_\_\_\_\_ x **.575 per mile** \$ \_\_\_\_\_

Tolls and/or Parking Fees (attach **original receipt\*\***) \$ \_\_\_\_\_

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

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

Meals (attach **original itemized receipt\*\***) \$ \_\_\_\_\_  
*\*Meals (Limit - \$40.00/day)*

**TOTAL DUE ATTENDEE** \$ \_\_\_\_\_

|                               |                     |
|-------------------------------|---------------------|
| <i>ACCOUNT TO BE CHARGED:</i> | <i>APPROVED BY:</i> |
|                               |                     |

**\*\* Expenses will not be reimbursed without ORIGINAL ITEMIZED RECEIPTS Attached. Send Reconciliation Form to Christine Middlecamp - District Administration Office. Thank you!**