

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 Asst. Superintendent for Curriculum and Instruction.*
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 lodging preferences, 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 to submit 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 documents)

Location of Conference: _____

Substitute Needed: Yes No *(If yes, please submit a substitute request through ESS)*

Mileage _____ x **.625/mile** = \$ _____
of miles (round trip)

Registration Fee, include registration information \$ _____
Have you completed the registration? Yes ___ No ___

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

If No, please list Lodging Preference: _____

Number of Nights Needed: _____

Check In Date: _____

Check Out Date: _____

Meal Cost (limited to \$40.00 per day) \$ _____
(Meals consist of Breakfast, Lunch, and/or Dinner)

Estimated Total \$ _____

BUILDING PRINCIPAL APPROVAL:

___ **Approved**
___ **Not Approved**

Signature

Date

ADDITIONAL APPROVAL (if applicable):

Mr. Erick Cummings
Director of Student Services

Signature

Date

FINAL APPROVAL:

Mr. John Toscano
Asst. Superintendent for Curriculum and Instruction

Signature

Date

Processed by Procurement Office

- Copy emailed to Attendee
 Copy emailed to Building Principal

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 **.625 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 \$ _____

<p><i>ACCOUNT TO BE CHARGED:</i></p> 	<p><i>APPROVED BY:</i></p>
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**** Expenses will not be reimbursed without ORIGINAL ITEMIZED RECEIPTS Attached. Send Reconciliation Form to Christine Middlecamp - District Administration Office. Thank you!**