|  |
| --- |
| **PROFESSIONAL DEVELOPMENT/CONFERENCE REQUEST** |

1. Discuss this conference (goals and objectives) with your principal or immediate supervisor and have them sign their approval below. **Forward it to the Deputy Superintendent’s Office for approval and processing.**
* **IN ORDER TO PROCESS YOUR REIMBURSEMENT, EACH PERSON IS RESPONSIBLE FOR SUBMITTING A COMPLETED FORM.**
1. Prepare your absence on AESOP with the appropriate information and indicate if a substitute is needed.
2. If requesting reimbursement, please prepare and submit the following to the Bookkeeping/Fiscal Office:
3. Submit your current w9 Form
4. Purchase Requisition
5. Attached invoice (Form #Adm.-24)
6. Copy of Approved Conference Request
7. Attached Mileage Record Sheet
8. All original receipts verifying cost of all expenses

|  |  |
| --- | --- |
| DATE: |  |

|  |  |
| --- | --- |
| NAME: |  |
|  |  |
| ADDRESS: |  |

|  |  |
| --- | --- |
| POSITION: |  |

|  |  |
| --- | --- |
| DEPARTMENT/SCHOOL: |   |

|  |  |
| --- | --- |
| CONFERENCE YOU WISH TO ATTEND: |  |
|  |

|  |  |
| --- | --- |
| REASON FOR ATTENDING: |  |

|  |  |
| --- | --- |
| DATE(S) OF CONFERENCE: |  |

|  |  |
| --- | --- |
| LOCATION: |  |
|  City State |

FUNDING SOURCE (This must be completed):

|  |  |
| --- | --- |
|  |  Local Budget |

|  |  |  |
| --- | --- | --- |
|  |  Federal or State Project |  |
| Name of Project |

|  |  |  |
| --- | --- | --- |
|  |  Revolving Account |  |
| Name of Account |

|  |  |  |
| --- | --- | --- |
|  |  Other (LIST ) |  |
|  |

EXPENSES:

|  |  |
| --- | --- |
| REGISTRATION: |  |
| TRAVEL: |  |
| MEALS: |  |
| OTHER (Hotel, etc.): |  |
| If no cost, please indicate N/C |  |

|  |  |
| --- | --- |
| **TOTAL AMOUNT: $** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | APPROVED |  | DISAPPROVED |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Supervisor/Principal |  | Superintendent/Deputy Superintendent |
|  |  |  |
| ***IN STATE REQUESTS MUST BE SUBMITTED TWO WEEKS PRIOR TO EVENT.*** |

Rev. 9/2019