

Saranac Central School District Conference Request Form

Instructions: Please complete employee section, attach supporting documentation, and submit to your Building Principal or the District Business Official (Transportation, Maintenance, and Food Service) at least 7 days prior to the conference. *Failure to complete this form could result in the request being returned to you for further action or as being denied.*

Print Name: _____ Building: _____

Name/Description of Conference: _____

Date(s) Of Conference _____ Location: _____

Substitute Required: Yes No
 If Yes... Half Day Full Day

Registration: \$ _____ Registration has been submitted to: _____
 Registration has not been submitted
 I will register for this conference upon approval of my request.
 For CVES Conference: Register through Wincap

Lodging: \$ _____ Per Night. Hotel: _____

Address: _____

Date of Arrival: _____ Date of Departure: _____ Total nights to be reserved: _____

Transportation: An employee may ONLY be reimbursed for milage if the District Vehicle is not available.

- Using School Vehicle
- No Reimbursement (Personal Preference to use my vehicle)
- Using Personal Vehicle:

Estimated Miles _____ Estimated cost for Mileage reimbursement: _____

Other Expenses: \$ _____ Explain: _____

Meals: \$ _____ (Reimbursement for meals is based on per diem: \$10/lunch or \$30/day when conference exceeds 100 miles. Employees MUST obtain detailed receipts for meals. Meal allowed will NOT be given if the meal being claimed is provided by conference/meeting. Alcoholic beverages are NOT reimbursable.

TOTAL ESTIMATED COST OF CONFERENCE: \$ _____

Employee Signature: _____ Date: _____

Administrator/Supervisor Approval:

Budget Code: _____

Approve Denied _____

Date

Administrator/Supervisor's Signature

Approve Denied _____

Date

Superintendent's Signature