STOUGHTON PUBLIC SCHOOLS STOUGHTON, MASSACHUSETTS

REQUEST FOR APPROVAL TO ATTEND PROFESSIONAL CONFERENCES

NAME: SCHOOL/DEPT.:			
*DATE SUBMITTED: **BUDGET ACCOUNT:			
NAME OF CONFERENCE AND SPONS	OR:		
LOCATION:			
DATE(S) ATTENDING:	TIME(S):		
How many conference days have been used How many colleagues in Stoughton are pla	•		
Will a substitute be required?			
*:	**ITEMIZED EXPENSES		
A. REGISTRATION FEE	\$		
) = No. of miles @ 51 cents x 2 (round trip). \$ ts. If mileage reimbursement is requested, submit		
2. Room and Meals (daily rate ?	x days) Total: \$		
3. Parking Fee(s)	\$		
4. Miscellaneous (Please list)	\$		

This form must be submitted to the Superintendent's Office five (5) working days prior to conference date(s). *All conferences *must* have final approval by the Superintendent or his/her designee *before* reservations are made. A written report must be submitted to immediate supervisor by person(s) attending a professional conference. Failure to comply with any stipulation may result in payroll deductions.

**The ACCOUNT to which this conference HAS BEEN CHARGED must be filled in before submitting the request for signatures.

***No reimbursement will be allowed for any item unless receipts are attached. (Except mileage)

REQUIRED APPROVALS

<u>APPROVED</u>	DISAPPROVED	DATE	SIGNATURE
			Director
			Building Principal
			Assistant Superintendent/Superintendent