



# CONFERENCE REQUEST

Employee:

**Conference Information:** *(Attach copy of conference flyer )*

Title: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Purpose: \_\_\_\_\_

Location: \_\_\_\_\_

**CERTIFICATE OF ATTENDANCE FOLLOWING CONFERENCE MUST BE SUBMITTED TO THE BUSINESS OFFICE.**

*(Registration for BOCES Conferences must be done through MyWinCap, no Purchase Order required)*

Registration *(Attach Registration Form/Information to be completed)*

Cost: \_\_\_\_\_

Lodging: Y / N

Hotel Options/Address:(1) \_\_\_\_\_

(2) \_\_\_\_\_

Dates of Stay: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Transportation: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

**If you intend to use a school vehicle, you must submit a transportation form separately. If using your own vehicle, mileage is reimbursed at the Standard IRS Mileage rate. Payment for parking or tolls must be submitted for reimbursement with an initial receipt. Please note: A transportation form is not required if using personal vehicle. It is only required if requesting a school vehicle.**

Meals *(per diem)*:

Estimated Cost: \_\_\_\_\_

*Meal reimbursements follow federal meal reimbursement guidelines for the maximum daily amount ([www.gsa.gov/travel/](http://www.gsa.gov/travel/)).*

*Tips can be reimbursement as per Board Policy #5440, not to exceed 20% of meal cost and is included as part of the maximum*

Substitute: Y / N Time Needed: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
*(Please indicate any specific needs)*

TOTAL COST:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

**Note: Employees seeking reimbursement for expenses following conference are required to submit a claim form for reimbursement. Include all receipts and a copy of approved Conference Request. Remember to include a copy of certificate of attendance for conference to the Business Office following attendance.**