

NIPPERSINK SCHOOL DISTRICT 2
Conference/Workshop Pre-Approval Request
(Please complete one per teacher)

Name _____ Today's Date _____

Conference /Workshop Title _____

Event Date(s) _____ Location _____

Vendor Name _____

Estimated Conference Costs:

Conference Registration: _____ \$ _____

Mileage: Effective Jan. 1, 2021 IRS standard mileage rate is **\$0.56 per mile** \$ _____
(Attach MapQuest - starting point is determined by the lesser miles; home or school)

Carpool with _____

Lodging: (_____ nights x \$ _____ daily rate) Must be conference rate if available \$ _____

Hotel Name/phone (if applicable) _____

Sharing Room with: _____

Meals: Original itemized receipts are required for reimbursement) \$ _____
(Maximum allowance: Breakfast: \$10, Lunch: \$15, Dinner: \$25)

Other costs: (describe _____) \$ _____

TOTAL ESTIMATED EXPENSES \$ _____

FOR OFFICE USE ONLY: Check applicable box(es)

Please check how your registration fee will be paid

☐ PO (Purchase Order) PO #

☐ Credit Card (Use only if PO is not accepted)

☐ Imprest Check (Use only if timeframe is too short to wait for a Board check)

☐ Requiring personal reimbursement (paid receipt is required)

☐ **Registration has been completed by** (Initials)

Building Account # _____

Principal's Approval _____

Date _____

Curriculum Director _____

Date _____

Superintendent's Approval _____

Date _____

Conference Approval Instructions

Complete the Conference/Workshop Preapproval request form and submit it to your supervisor prior to registering for the event along with the following:

1. The conference **brochure**/information sheet.
2. The **completed** conference registration form.
3. Hotel information (if applicable)
4. MapQuest **map and directions** from your home or school (whichever is closer to the event location).

NOTE: Allow TEN (10) WORKING DAYS minimum for approval.