Directions: Make a copy of this form. Complete, print, and attach relevant documents (including agenda). Submit to principal or district administrator.

## SALISBURY TOWNSHIP SCHOOL DISTRICT WORKSHOP/CONFERENCE REQUEST FORM

Name:	
Workshop/Conference Title:	
Workshop/Conference Location:	
Date(s) of Workshop/Conference:	
Description of Workshop/Conference (How does responsibilities? How does this connect to Profile	·
How will you share what you learn with your sch professional learning for your colleagues?	ool and/or district? Are you willing to lead
All Costs Associated with Workshop/Conference reimbursement.	: Any cost not pre-approved will be denied
	\$ Amount
Registration (form must be attached)	
Travel (mileage, tolls, taxi, Uber, parking, etc - transportation)	
Hotel costs (including taxes)	
Meal costs*	
Other costs (parking, etc)	
Total Costs	

\*You will receive \$10 per day for breakfast, \$15 per day for lunch, \$20 per day (In order to be reimbursed, you must have itemized receipts <u>marked paid</u> for each meal. Tip may not exceed 20%.)

This form must be submitted to the principal (or district office) at least four weeks prior to the conference. This is to allow for the processing and payment of advance conference costs (registration and hotel).

All pertinent information (ex. registration form, hotel bill) must be attached.

After the conference, mileage form and itemized meal receipts need to be submitted for reimbursement. Receipts paid in cash must be marked "paid". Reimbursement amounts cannot exceed the projected amounts above.

After approval, you must still enter the conference on CPE Tracker and AESOP.		
Signature:		Date:
OFFICE USE ONLY		
<ul><li>□ Approved</li><li>□ Denied</li></ul>		
Principal's Signature	:	Date:
District Office Signate	ure (if applicable)	Date:
Which budget supports this attendance		
Building -	HST SMS SHS (Costs - )	
District -	Curriculum - Title 1 - Title 2 - Title 3 -	
Other -		