

Shepherd Public Schools

Conference Request Form - 2023/2024

Applicant: _____ Date: _____

Conference Title: _____

Date(s): _____

Location: _____

Estimated Cost										
Estimate	Registration	Mileage			Meals	Lodging			Parking	Total
		# Miles	Rate*	Cost		# Nights	Rate	Cost		
			\$ 0.655	\$ -				\$ -		\$ -

Reimbursement(s)											Approved By Dir of Bus & Fin	Paid
Date(s) Attended	Registration	Mileage			Meals	Lodging			Parking	Total		
		# Miles	Rate*	Cost		# Nights	Rate	Cost				
			\$ 0.655	\$ -				\$ -		\$ -		
			\$ 0.655	\$ -				\$ -		\$ -		
			\$ 0.655	\$ -				\$ -		\$ -		
			\$ 0.655	\$ -				\$ -		\$ -		
			\$ 0.655	\$ -				\$ -		\$ -		
			\$ 0.655	\$ -				\$ -		\$ -		
			\$ 0.655	\$ -				\$ -		\$ -		
Total Cost	\$ -		\$ -	\$ -				\$ -	\$ -	\$ -		

Car Pooling With: _____

Rooming With: _____

INSTRUCTIONS (please read carefully):

Include one completed copy of the conference registration form and applicable brochure.

MAXIMUM MEAL REIMBURSEMENTS are \$15 for breakfast, \$20 for lunch, and \$35 for dinner.

Remember to obtain ITEMIZED receipt for ALL meals, lodging, parking, etc. Reimbursements are NOT given without receipts and must NOT include alcoholic beverages. If a receipt is not given to you, please ask for one.

If meals are provided as part of the conference, no reimbursement will be given.

If approved, you will receive a copy of the original application. Please retain this approved application to submit for reimbursement of actual expenses after you have attended the conference or partial payment after attending a session if training takes place throughout the year.

If denied, you will receive a copy of the original application stating the reason for the denial.

Rationale for Conference Attendance:
(How does this conference/workshop align with the goals in the Building School Improvement Plan ?)

Approved? Yes _____ Comments: _____

No _____

 Building Administrator/Director Date

Approved? Yes _____ Comments: _____

No _____

 Superintendent/Dir of Bus & Fin Date

To Be Completed By Building Administrator

<u>Funding Source:</u>	<u>Account Numbers Conference & Mileage</u>
<input type="checkbox"/> Title IA	Not Applicable
<input type="checkbox"/> Title IIA - Teachers (Identify from approved list)	11-1-221-3220-000-7643-00000-0
<input type="checkbox"/> Title IIA - Admin (Identify from approved list)	11-1-283-3220-000-7643-00000-0
<input type="checkbox"/> Special Education - CI	11-1-221-3220-110-2020-00000-0
<input type="checkbox"/> Pupil Accounting	11-1-283-3234-000-0000-00000-0
<input type="checkbox"/> Special Education - RR	11-1-221-3220-194-2020-00000-0
<input type="checkbox"/> Vocational Education	11-1-221-3220-000-3443-00000-0
<input type="checkbox"/> Main Elementary	11-1-221-3221-000-0000-00000-0
<input type="checkbox"/> Winn Elementary	11-1-221-3222-000-0000-00000-0
<input type="checkbox"/> Middle School	11-1-221-3223-000-0000-00000-0
<input type="checkbox"/> High School	11-1-221-3224-000-0000-00000-0
<input type="checkbox"/> Odyssey HS/MS	11-1-221-3225-000-0000-00000-0
<input type="checkbox"/> Guidance - HS/MS	11-1-283-3220-000-0000-00000-0
<input type="checkbox"/> Social Worker	11-1-283-3220-316-0000-00000-0
<input type="checkbox"/> Special Education Director	11-1-283-3220-326-0000-00000-0
<input type="checkbox"/> Nurse	11-1-283-3221-000-0000-00000-0
<input type="checkbox"/> Board Member	11-1-283-3223-000-0000-00000-0
<input type="checkbox"/> Superintendent	11-1-283-3224-000-0000-00000-0
<input type="checkbox"/> Main Elem Principal/Secretary	11-1-283-3225-000-0000-03459-0
<input type="checkbox"/> Winn Elem Principal/Secretary	11-1-283-3225-000-0000-06241-0
<input type="checkbox"/> Middle School Principal/Secretary	11-1-283-3225-000-0000-06944-0
<input type="checkbox"/> High School Principal/Secretary	11-1-283-3225-000-0000-03460-0
<input type="checkbox"/> Odyssey Principal/Secretary	11-1-283-3225-000-0000-07631-0
<input type="checkbox"/> Business Office	11-1-283-3230-000-0000-00000-0
<input type="checkbox"/> Maintenance	11-1-283-3231-000-0000-00000-0
<input type="checkbox"/> Transportation	11-1-283-3232-000-0000-00000-0
<input type="checkbox"/> Technology Department	11-1-283-3233-000-0000-00000-0
<input type="checkbox"/> Food Service	25-1-283-3220-000-0000-00000-0
<input type="checkbox"/> Other (Describe)	_____