

Shepherd Public Schools

Conference Request Form - 2020/2021

Applicant: _____ Date: _____

Conference Title: _____

Date(s): _____

Location: _____

Estimated Cost										
	Registration	Mileage			Meals	Lodging			Parking	Total
	# Miles	Rate*	Cost	# Nights		Rate	Cost			
Estimate		\$ 0.575	\$ -			\$ -			\$ -	

Reimbursement(s)											Approved By Dir of Bus & Fin	Paid
Date(s) Attended	Registration	Mileage			Meals	Lodging			Parking	Total		
		# Miles	Rate*	Cost		# Nights	Rate	Cost				
			\$ 0.575	\$ -			\$ -		\$ -			
			\$ 0.575	\$ -			\$ -		\$ -			
			\$ 0.575	\$ -			\$ -		\$ -			
			\$ 0.575	\$ -			\$ -		\$ -			
			\$ 0.575	\$ -			\$ -		\$ -			
			\$ 0.575	\$ -			\$ -		\$ -			
			\$ 0.575	\$ -			\$ -		\$ -			
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 \$10 for breakfast, \$15 for lunch, and \$25 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 _____	No _____	Comments: _____
Building Administrator/Director	Date		_____

Approved?	Yes _____	No _____	Comments: _____
Superintendent/Dir of Bus & Fin	Date		_____

To Be Completed By Building Administrator

<u>Funding Source:</u>	<u>Account Numbers</u> <u>Conference & Mileage</u>	
<input type="checkbox"/> Title IA	Not Applicable	Title I and Title II funds can NOT be used to fulfill State required professional development. (ie - 5 days for teachers and the additional 90 hours for new teachers).
<input type="checkbox"/> Title IIA - Teachers (Identify from approved list)	11-1-221-3220-000-7641-00000-0	
<input type="checkbox"/> Title IIA - Admin (Identify from approved list)	11-1-283-3220-000-7641-00000-0	
<input type="checkbox"/> Special Education - CI	11-1-221-3220-110-0000-00000-0	
<input type="checkbox"/> Special Education - EI	11-1-221-3220-140-0000-00000-0	
<input type="checkbox"/> Special Education - SLD	11-1-221-3220-150-0000-00000-0	
<input type="checkbox"/> Special Education - RR	11-1-221-3220-194-0000-00000-0	
<input type="checkbox"/> Vocational Education	11-1-221-3220-000-3441-00000-0	
<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"/> Speech	11-1-283-3220-315-0000-00000-0	
<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"/> Educational Media Specialist	11-1-283-3222-000-0000-00000-0	
<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	11-1-283-3225-000-0000-00000-0	
<input type="checkbox"/> Winn Elem Principal/Secretary	11-1-283-3226-000-0000-00000-0	
<input type="checkbox"/> Middle School Principal/Secretary	11-1-283-3227-000-0000-00000-0	
<input type="checkbox"/> High School Principal/Secretary	11-1-283-3228-000-0000-00000-0	
<input type="checkbox"/> Odyssey Principal/Secretary	11-1-283-3229-000-0000-00000-0	
<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)	_____	