

**Grove City Area School District
Conference and Travel Request Form**

Procedures:

Requests for conferences/workshops must be submitted to the School Board by the last Monday of each month for consideration of the Board the following month. *Upon completion of the conference/workshop, this form must be returned to the Business Office detailing the actual expenses. All receipts and documentation must be attached.*

The School District will pay for the following items if attendance is requested and approved by the School Board:

- Registration fees (receipts required) - membership fees are not reimbursable
- Meals if lodging is required (itemized receipts required)
- Parking fees (receipts required)
- Turnpike fees (receipts required)
- Lodging (receipts required)
- Commercial transportation (receipts required)
- Tips - 15% (no receipts required)
- Personal transportation (call the Business Office or your building secretary for current rates)

The **employee** is responsible for completing all registration forms and making arrangements for lodging and transportation. After the Board has approved the conference request, the Business Office may pay for the registration in advance provided the **employee** submits the completed registration form to the building secretary for a purchase order.

TO: Superintendent of Schools

I hereby request approval to attend the following workshop/Conference:

Name of workshop/conference, etc. _____

Location _____

Date(s) _____

Maximum Amount Requested _____

Signature _____ Date _____

Approved: _____ Approved: _____

Principal

Superintendent

Maximum Amount Approved _____

Grove City Area School District

Name _____

Name of workshop/conference _____

Location of conference _____

Date(s) _____

Maximum Amount Approved _____

Estimated Costs:

Registration \$ _____

Meals & Tips _____

Lodging _____

Transportation _____

Personal Mileage _____
 (____ cents/mile X _____ #miles)

School Vehicle (cost of add'l gas) _____

Commercial (list trip & cost) _____

Parking Fees _____

Tolls _____

Total Estimated Costs: \$ _____

Actual Costs: (receipts must be attached)

Registration \$ _____

Meals & Tips \$ _____

Lodging _____

Transportation _____

Personal Mileage _____
 (____ cents/mile X _____ #miles)

School Vehicle (cost of add'l gas) _____

Commercial (list trip & cost) _____

Parking Fees _____

Tolls _____

Total Actual Costs: \$ _____

| | |
|---|----------|
| Total Costs: | \$ _____ |
| Less: | |
| All advance payments made by district to conference. Include cost of gasoline if school's credit card was used. | |
| Balance due employee | \$ _____ |

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature _____ Date _____

For Office Use

Report Approved by _____ Date _____