MOUNT UNION AREA SCHOOL DISTRICT
CONFERENCE REQUEST FORM

This form should be used for a request to attend a conference or meeting; do not submit a letter. This form must be submitted to the Office of the Superintendent, signed by your immediate supervisor ten (10) working days prior to the monthly board meeting. If you do not submit your request in the time indicated, you may lose your opportunity for the conference or meeting.

All conference or meetings are approved with the understanding that the trip may be canceled if substitutes are not available because of excessive demand.

Name of Employee: _____ Date: _____

_____
(Official name of conference or description of meeting)

_____ Leave: Date: _____ Time: _____
(Location of Conference or Meeting)
Return: Date: _____ Time: _____

Will miss teaching these dates: _____

_____
(Information or benefits to be derived from attending conference or meeting)

I am requesting the Mount Union Area School District reimburse me for the applicable expenses. The following is a breakdown of the estimated expenses of the conference or meeting:

Substitute(s): _____ x _____ days at _____ per day 0

Mileage: Total Miles _____ x 0.76 0

Lodging/Meals: _____ day(s) x per day 100 0

NOTE: Reimbursement for lodging/meals will be limited to $100.00 per day

Turnpike Tolls: _____ **Parking:** _____ Total: 0

Registration: _____ **Other:** _____ Total: 0

(Explain Other fully on the line below)

_____

Total Cost: 0

I understand that receipts are necessary for all expenditures and I will not expect to be reimbursed for those expenses for which I have not furnished proper receipts.

_____ _____
(Signature of Employee) (Signature of Supervisor)

Approved: ☐ Denied: ☐

School Board Meeting: _____

_____
(Signature of Superintendent)

Funding: **Title I** ☐ **Title II** ☐ **Elementary** ☐ **Secondary Admin** ☐

Other ☐