

CONFERENCE REQUEST FORM LAKE SHORE CENTRAL SCHOOLS

Name: _____ Date: _____

Building: _____ Assignment: _____

Conference Title: _____

Sponsored By: _____

Date (Days & Dates): _____, _____, _____

Location: _____

Means of Travel: _____ Registration Fee: \$ _____ -

Cost of Travel: \$ _____ -

Food & Lodging: \$ _____ -

TOTAL ESTIMATED COST OF ATTENDANCE: \$ _____ -

(Include all expenses to be reimbursed by the District.)

All **detailed** itemized **original** receipts with individual items listed must be submitted with your expense voucher, not just a credit card receipt showing the total charge. If more than one person is on a receipt, please list all individuals and indicate which line items pertain to them. The District will not reimburse for alcoholic beverages or other personal expenses.

The District is exempt from New York State Sales and Use Taxes.

Please request an Exemption Certificate(s) to present to vendors, if applicable.

Per board policy, in no case will the costs for meals exceed the current Federal per diem meal rates for the geographic area. You can go on-line to determine how much will be allowed per day for you to attend the conference.

[Go to www.gsa.gov/perdiem](http://www.gsa.gov/perdiem)

Click on NY on the map (or the state where the conference will be held).

Find the city/area where your conference will be held.

	APPROVED	DENIED	DATE
_____ Building Principal/Supervisor	_____	_____	_____
_____ Assistant Superintendent for Instruction	_____	_____	_____
_____ Superintendent of Schools	_____	_____	_____

For office use only: Budget Code _____ Mileage: _____ 2110-401

Please complete one copy of this form and submit to your principal/supervisor at least **ONE MONTH** in advance of requested conference attendance. ***Please attach the conference flier/related information for review. Please submit your expenses, including mileage, upon return from the conference.***

You will receive an e-mail once your conference is approved with complete reimbursement information attached.