



GREENFIELD PUBLIC SCHOOLS

CONFERENCE APPROVAL FORM

(Must be submitted to the Superintendent at least two weeks prior to the start of the conference.)

Date Submitted _____

Employee Name: _____ Current School/Position: _____

Name of Conference: _____

Name of Accredited College/University or Provider: _____

Day/ Dates of Conference _____ Location _____

How is this conference related to your teaching position?

You may expand.

Conference Description (**required**) is attached. _____ Yes _____ No

Will a substitute be needed? _____ Yes _____ No

ESTIMATED EXPENSES:

Travel Expenses: _____ Miles @ .50/ Mile (MapQuest printout) \$ _____
 Actual Cost by Rail, Bus or Air: \$ _____
 Hotels/ Motels: \$ _____
 Registration Charge: (To be reimbursed to Employee) \$ _____
***Reimbursements for meals including tips shall not exceed the following limits**
 Meals: Breakfast \$10, Lunch \$15.00 and Dinner \$20.00 \$ _____
 (Not to be combined for one meal) **Must be original detailed receipt**
TOTAL ESTIMATED EXPENSES \$ _____

_____ Approved _____ Not approved

Principal Date

_____ Approved _____ Not approved

Superintendent Date

Account No.: _____ Title II Special Ed General Fund Other: _____

TO BE FILLED OUT AFTER ATTENDING CONFERENCE. NOTE: Original detailed receipts and/or cancelled checks must accompany reimbursement form below.

ACTUAL EXPENSES:

Travel Expenses: _____ Miles @ .50/ Mile (MapQuest printout) \$ _____
 Actual Cost by Rail, Bus or Air: \$ _____
 Hotels/ Motels: \$ _____
 Registration Charge: (To be reimbursed to Employee) \$ _____
***Reimbursements for meals including tips shall not exceed the following limits**
 Meals: Breakfast \$10, Lunch \$15.00 and Dinner \$20.00 \$ _____
 (Not to be combined for one meal)
TOTAL ACTUAL EXPENSES \$ _____

AFTER ATTENDING CONFERENCE, PROOF OF ATTENDANCE AND ORIGINAL DETAILED RECEIPTS MUST ACCOMPANY REIMBURSEMENT REQUEST TO THE BUSINESS OFFICE. THANK YOU.