

SENECA FALLS CENTRAL SCHOOL

Conference Request and Reimbursement Voucher

_____CONFERENCE

_____WORKSHOP

_____OTHER

Directions:

1. Fill in all blanks that are applicable on front side of form. Upon completion of Conference or to request mileage reimbursement, complete the expense voucher on the reverse side. Attach all necessary receipts and submit to the Business Office for reimbursement.
2. Taxes and gratuities cannot be approved for reimbursement.
3. Submit the completed REQUEST FOR CONFERENCE to your Principal at least four (4) weeks prior to Conference date. A purchase order will be generated upon approval of this Conference Request.
4. Where applicable, submit copy of proposed conference or workshop outline and attach REGISTRATION form.

NAME _____
(Please Print)

CONFERENCE _____ DATE _____

LOCATION _____

CONFERENCE DESCRIPTION _____

PRESENTER _____ GENERAL PARTICIPANT _____ OTHER _____

OTHER STAFF MEMBERS ATTENDING _____

DATE _____ NAME _____
(Signature with Staff Assignment)

APPROVED _____ DISAPPROVED _____ BLDG. PRINCIPAL _____

APPROVED _____ DISAPPROVED _____ SUPERINTENDENT _____

ESTIMATED EXPENSES

Registration Fee	\$ _____	PO# _____
Transportation _____ miles @ \$ _____/mile (Check availability of School Vehicle)	\$ _____	
Other Transportation Costs (Tolls, Parking, etc.)	\$ _____	
Meals (Not included in Registration Fee)	\$ _____	
Lodging (Name) _____ Address _____	\$ _____	
ESTIMATED TOTAL EXPENSE	\$ _____	

EXPENSE VOUCHER

Reimbursement for Approved Conference Expense and Other Approved Expenses

Staff Member _____ Vendor # _____

Address _____

PO# _____ Budget Code _____

MILEAGE EXPENSES: (Attach extra sheet if necessary)

Dates	Start Location	Destination	End Location	# of Miles	Purpose (Reason for Trip)

Total Mileage _____ @ _____ = \$ _____

OTHER EXPENSES (Tolls, meals, etc.) Receipts must be attached:

Date	Description/Reason (Conf. Training, etc.)	Total \$

Total Other \$ _____

Grand Total (mileage & other) \$ _____

I certify that the above claim is accurate and that these charges were incurred in the performance of assigned duties.

Employee Signature Date Administrator Signature Date

_____ Purchasing Agent