



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 @ .725/ Mile IRS current rate(map directions 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 \$12, Lunch \$17.00 and Dinner \$22.00	\$ _____
(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 @ .725/ Mile IRS current rate(map directions 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 \$12, Lunch \$17.00 and Dinner \$22.00	\$ _____
(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.