WAYNESBORO AREA SCHOOL DISTRICT

CONFERENCE/WORKSHOP ATTENDANCE REQUEST

Below is the process for professional development conference/workshop requests, approval and payment. *Request forms* should be submitted for approval at least 3 weeks prior to the event.

- 1. Complete this Conference/Workshop Attendance Request Form.
- 2. Submit form to Building Principal/Supervisor for approval signature.
- 3. Submit form to the Assistant Superintendent's Secretary.
- 4. The Assistant Superintendent's Secretary will submit form to the Assistant Superintendent for approval signature.
- 5. Upon approval, Assistant Superintendent's Secretary will send one copy of the form to Accounts Payable and one copy to the requester.
- 6. Accounts Payable will process payments that need paid prior to the event (hotel fee, registration fee). Invoice or receipt of payment must be included for these payments to be processed.
- 7. Upon return, the requester will submit an "Out of District Travel Expenses" form along with receipts to Accounts Payable.
- 8. Accounts Payable will issue reimbursement.

Name:			
Conference/Workshop Title:			
Date(s):	Place:		
Organization Sponsoring Conference:			
Purpose for Attendance: (C	onnection to Curriculum, Instruction, A	Assessment, Student Services)	
*Please attach supporting docum	nentation.		
Expenses: PLEASE FILL IN	ALL EXPENSES THAT APPLY TO	THE CONFERENCE.	
Registration Fee (Ple Check one:	ase include invoice or receipt of payme ☐ Employee reimbursement ☐ Please send payment to		
days (invoice or receipt of payment) per day Employee reimbursement Please send payment to	\$	_
If yes (*If yes, please create yo	ute(s) be needed: Yes No _days @ \$90.00 per day) our absence in AESOP, as soon as you are to the added to conference total.	\$notified of final approval.	_
Estimated Expenses: PLEAS	E FILL IN ALL ESTIMATED EXPEN	NSES THAT APPLY TO THE CON	IFERENCE.
Travel (if private auto	o, miles @ .655 per mile)	\$	_
Miscellaneous		\$	

Supervisor's Comments/Rationale and Recommendation:

Signature of Supervisor _______ Date: ______

ALL REQUESTS ARE TO BE SUBMITTED TO THE ASSISTANT SUPERINTENDENT

APPROVED: ______ NOT APPROVED: _______

Comment:

Meals and mileage will be reimbursed for the actual expenditures (no reimbursement for alcoholic beverages) when the

"Out of District Travel Expenses" form and receipts are submitted to Accounts Payable.

*Original receipts must be provided for reimbursement.