

**RADNOR TOWNSHIP SCHOOL DISTRICT  
CONFERENCE REQUEST and TRAVEL REIMBURSEMENT FORM**

**Forms must be received 30 days prior to Conference to be considered for approval**

I am requesting permission to attend the conference shown below. I attest that I meet the district requirements including the completion of curriculum documents, attendance at professional development, in-service days, etc.

Inits.

**APPLICATION SECTION:**

Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_  
Building \_\_\_\_\_ Job Title \_\_\_\_\_ Phone Extension \_\_\_\_\_  
Name of Conference \_\_\_\_\_  
Dates of Conference \_\_\_\_\_ Dates Attending \_\_\_\_\_  
Location of Conference \_\_\_\_\_ Member of Organization  Yes  No

**PURPOSE OF THE CONFERENCE:**

Purpose of conference and/or your role: \_\_\_\_\_  
\_\_\_\_\_

I will share the information from this conference in the following way: \_\_\_\_\_  
\_\_\_\_\_

Are any other district employees attending this Conference?  Yes  No

List names of employees: \_\_\_\_\_

**FUNDING FOR CONFERENCE:**

The cost of this Conference will be paid from the following budget(s):

Curriculum                      Technology                      Office of Student Services

Other \_\_\_\_\_  
(PTO, REF Grant, etc.)                      **Account Code** \_\_\_\_\_

Is this a PATTAN, DCIU or other Conference which has no cost, including travel?  Yes  No

Are you requesting a school business substitute for this Conference?  Yes  No

Number of days: \_\_\_\_\_

Please list days: \_\_\_\_\_

Are you willing to pay a portion of costs if funds are limited?  Yes  No

**Before The Conference:** Please complete all sections of this form, print, sign and forward for approval(s). Send original to the Teaching & Learning Office with the completed registration form. Original form with approval(s) will be returned to you.

**After The Conference:** Please complete reimbursement section on page 2 and submit to the Teaching & Learning Department with detailed receipts.

**ESTIMATED COSTS: (to be completed when submitting for approval)**

<u>Expense:</u>	<u>Estimated Amount:</u>
Registration:	\$
Transportation – Mileage (roundtrip)	\$
Transportation - Airline	\$
Transportation - Tolls	
Transportation – Parking	\$
Meals (Breakfast - \$15, Lunch - \$17, Dinner - \$29)	\$
Lodging (include all taxes)	\$
Other	\$
<b>Total Estimated Cost for Conference</b>	<b>\$</b>

Paid by District in Advance? Yes  No

\_\_\_\_\_ miles @ \$.58 (Effective 1/1/19)

Paid by District in Advance? Yes  No

Only meals not included with conference will be reimbursed

Paid by District in Advance?  Yes  No

Complete Estimated Costs section completely as Reimbursement Request after the conference cannot exceed Estimated Amount requested.

**Signature of Employee (requesting approval)** \_\_\_\_\_

**Date** \_\_\_\_\_

**PRE-APPROVAL SECTION: (Reimbursement cannot be granted unless pre-approved)**

No  Yes

\_\_\_\_\_  
*Department Chair Approval (If Applicable)*

**Date** \_\_\_\_\_

No  Yes

\_\_\_\_\_  
*Principal Approval (Required)*

**Date** \_\_\_\_\_

No  Yes

\_\_\_\_\_  
*Content Area Supervisor Approval (If Applicable)*

**Date** \_\_\_\_\_

No  Yes

\_\_\_\_\_  
*Director Approval (If Applicable)*

**Date** \_\_\_\_\_

No  Yes

\_\_\_\_\_  
*Superintendent Designee Approval (Required)*

**Date** \_\_\_\_\_

**REIMBURSEMENT REQUEST for out of pocket expenses: (to be completed after conference)**

<u>Total Out of Pocket Expense:</u>	<u>Amount:</u>
Registration:	\$
Transportation – Mileage (roundtrip)	\$
Transportation - Airline	\$
Transportation - Tolls	\$
Transportation – Parking	\$
Meals	\$
Lodging (include all taxes)	\$
Other	\$
<b>Total to be Reimbursed:</b>	<b>\$</b>

**Original Receipts** must accompany reimbursement request forms in order to be reimbursed. If you pay for your registration out of pocket, please include a copy of the cancelled check or credit card receipt as proof of payment. A certificate of completion will not suffice as proof of payment for registration. Detailed receipts listing each food item and amount must be submitted in order to receive reimbursement. Only meals not included with the conference will be reimbursed. Alcoholic beverages will not be reimbursed. EZ pass reports will be accepted for toll receipts, but the charges need to be highlighted.

**Signature of Employee (above expenses are true and accurate)** \_\_\_\_\_

**Date Submitted** \_\_\_\_\_

\_\_\_\_\_  
**Business Administrator**

\_\_\_\_\_  
**Date**