

**Palermo Union School District
REQUEST FOR CONFERENCE/WORKSHOP ATTENDANCE**

NAME _____ DATE OF REQUEST _____

TITLE OF CONFERENCE/WORKSHOP _____

LOCATION _____ DATE(s) OF CONFERENCE _____

The Staff Development Plan purpose for this conference/workshop is:

- Level I: Training related to School Improvement Plan _____
(Specify SIP component)
- Level II: Personal Mastery of Specific Skills
- Level III: Individual Inquiry

ATTACH CONFERENCE INFORMATION/SCHEDULE/REGISTRATION FORM/HOTEL INFORMATION.

TRANSPORTATION	\$
Common Carrier (Plane, Train, Taxi, Bus) _____ District Car _____ Private Car _____ miles @ .535¢ per mile/Ride with _____ Parking \$ _____ Bridge Tolls \$ _____	
LODGING	\$
Hotel Name _____ Reservations have been made _____ Confirmation # _____ Dates of Lodging _____ Number of nights _____ x Cost per night \$ _____ Attach all documentation	
MEALS	\$
You may spend up to \$37 per day. Attach all original, itemized receipts. If you spend over the amount allowed, you will not be reimbursed for the overage.	
REGISTRATION	\$
Fee \$ _____ x number of people attending _____ Attach all documentation	
OTHER EXPENSES	\$
Substitute required? _____ @ \$ _____ per day (Please arrange for substitute) Other expenses _____	
TOTAL CONFERENCE/WORKSHOP COSTS...	\$
The District does not pay for units of credit that apply towards salary placement and movement on the salary schedule.	

****Remember – TO BE REIMBURSED YOU MUST PROVIDE RECEIPTS FOR ALL EXPENSES AND ATTACH TO TRAVEL EXPENSE CLAIM FORM.****

ACCOUNT TO BE CHARGED

(See account code structure on reverse)

_____ ORG KEY

_____ OBJ CODE

Employee Signature

Date

Supervisor Signature

Date

Superintendent or Chief Business Officer Signature

Date