

Wattsburg Area School District Conference Request Form

This request MUST be received in the Administration Office by the first of the month, preceding the month of the activity in order to be Board approved. All requests must be Board approved.

Person(s) Attending:																															
Name of Conference:																															
City & State:	Conference date(s):																														
This Conference is: <input type="checkbox"/> Job Related <input type="checkbox"/> Job Required																															
RATIONALE and CONFERENCE BROCHURE MUST BE ATTACHED!																															
After attending this Conference , a Conference Report Form must be submitted to your Building Principal or Supervisor <u>and</u> the Administration Office. No reimbursement will be made until the Conference Report Form is received in the Administration Office.																															
Anticipated Outcomes of attendance at this Conference:																															
Is this Conference sponsored by an Act 48 Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No																															
Name of Provider:																															
No. of full days a substitute will be required:																															
Time substitute is needed if less than a full day from _____ to _____																															
Estimated Costs:																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Tuition/Registration</td><td style="width: 20%;"></td></tr> <tr><td>Travel (.58 /mile or IRS rate)</td><td></td></tr> <tr><td>Meals</td><td></td></tr> <tr><td>Lodging</td><td></td></tr> <tr><td>Substitute</td><td></td></tr> <tr><td>Total</td><td></td></tr> </table>	Tuition/Registration		Travel (.58 /mile or IRS rate)		Meals		Lodging		Substitute		Total		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: black; color: white;"> <th colspan="3" style="text-align: center;">Administration Use Only</th> </tr> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Check No.</th> <th style="width: 20%;">Date</th> </tr> </thead> <tbody> <tr><td>Tuition</td><td>_____</td><td>_____</td></tr> <tr><td>Travel</td><td>_____</td><td>_____</td></tr> <tr><td>Meals</td><td>_____</td><td>_____</td></tr> <tr><td>Lodging</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Administration Use Only				Check No.	Date	Tuition	_____	_____	Travel	_____	_____	Meals	_____	_____	Lodging	_____	_____
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Signature(s) _____ Date: _____																															
FOR PRINCIPALS/SUPERVISORS																															
Funding From																															
Principal/Supervisor Signature _____ Date _____																															

Assistant to the Superintendent's Approval: _____ **Date** _____

Superintendent's Approval: _____ **Date** _____

Meal Allowance for teachers/staff members will only be reimbursed for overnight Conferences.

Breakfast \$ 10.00
Lunch \$ 10.00
Dinner \$ 15.00

Travel

Current IRS Rate (see below) multiplied by number of miles

The number of miles can be determined by logging on to www.mapquest.com or <http://maps.google.com>.

The starting point should be your building address.

Round trip travel allowances for the following locations are:

Location	Number of Round Trip Miles	\$.58 per mile
Cleveland, OH	215	\$124.70
Columbus, OH (Kinnear Rd.)	488	\$ 283.04
Edinboro, PA (IU #5)	45	\$ 26.10
Erie, PA (10 th & State)	23	\$ 13.344
Grove City, PA (IU #4)	168	\$ 97.44
Harrisburg, PA (PaTTAN – Flank Dr.)	547	\$ 317.26
Hershey, PA (Hershey Lodge)	566	\$ 328.28
Mars, PA (Sheraton Dr.)	230	\$ 133.40
Meadville, PA (Conneaut Lake Rd.)	92	\$ 53.36
Pittsburgh, PA (PaTTAN – William Pitt Way)	271	\$ 157.18
State College, PA	342	\$ 198.36
Titusville, PA	76	\$ 44.08

POINTS TO REMEMBER...

- **RATIONALE MUST BE ATTACHED!**
- **Keep the registration form.**
- You will receive notice of approval via e-mail from Debra Nuhfer after monthly Board meeting on the 3rd Monday of each month.
- **After Board approval**, send the completed registration form to D’Arcy Frontera to process. All checks are printed on Thursday mornings.
- You will receive a copy of the approved request and check when registration has been sent.
- **Reimbursement will only be made upon receipt of a Conference Report Form** in the Administration Office.
- **If any part of this form is not completed, it will be returned to the Building Principal.**