

**SCHOOL YEAR 2020**  
**CONFERENCE ATTENDANCE PROCEDURES**

**All persons requesting conference attendance must submit an Old Forge School District Conference Attendance Application.**

- ❖ Applications shall be submitted to the Building Principal (3) weeks prior to the event date for pre-approval.
- ❖ Once applications are reviewed, the form is submitted for pre-approval by the Superintendent.

**Please be reminded of these additional points:**

1. All conferences need pre-approval.
2. Non-refundable expenses should not be incurred prior to approval.
3. Expenses must be within the limits described on the application.
4. Mileage should be calculated by using MapQuest ([www.mapquest.com](http://www.mapquest.com)) or Google Maps ([www.maps.google.com](http://www.maps.google.com)) and a copy of such must be attached to the Conference Attendance Application.
5. Mileage is calculated from OFSD to the conference, not from your home.
6. A code or codes must be listed on each application. Conferences charged to multiple codes must list each code and the amount charged to it.
7. Each employee must complete a separate application.
8. All conference forms must be signed by the employee, by their Building Administrator or Supervisor, then scanned and emailed to [Sandy.Mancuso@OFSD.cc](mailto:Sandy.Mancuso@OFSD.cc) for grants and to [Suzie.Aulisio@OFSD.cc](mailto:Suzie.Aulisio@OFSD.cc) for the MTSS grants, then posted and prepared for approval.
9. Upon the Superintendent's approval, overnight conference is prepared for board approval at the next board meeting. If approved, an approval letter is sent from the Superintendent.
10. In order to be reimbursed for conference expenses, a Voucher with All Original Itemized Receipts must be signed and approved by your Building Administrator or Supervisor and submitted to the business office for **reimbursement within 30 days** of attending the conference.

**Old Forge School District Conference Attendance Application: School Year 2020**

**SUBMIT (3) WEEKS PRIOR TO EVENT TO Building Principal / Grant Manager FOR PRE-APPROVAL**

*(Detailed instructions on back of form)* \*\*Revisions to this application or submission AFTER the conference date will not be processed.

Today's Date: \_\_\_\_\_ First/Last Name: \_\_\_\_\_ Building: \_\_\_\_\_

Check one:  Teacher                      Grade: \_\_\_\_\_ Subject: \_\_\_\_\_  
 Administrator    Counselor    Nurse    Facilitator    Director    Other: \_\_\_\_\_

How will this conference be funded?    General Budget    Grant Funds (Identify) \_\_\_\_\_    Other \_\_\_\_\_

Title of Conference (**attach required registration form**): \_\_\_\_\_

Conference Date: \_\_\_\_\_ to \_\_\_\_\_ Conference Location (City, State): \_\_\_\_\_

This Conference is related to:    Teaching & Learning    Curriculum & Assessment    Academic Content Studies    Technology  
 Student Social & Health Issues    School Administration (Non-PIL)    Special Education    Non-Public    Required Conference

Was this conference    Self Request   (or)    Administrative Directive Requestor's Name: \_\_\_\_\_

How does this conference relate to the District/School Goals? \_\_\_\_\_

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 1. Are you attending the conference during a work day? .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how many days? _____ days  |                          |                          |
| 2. Will a substitute be required during your absence?.....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Sub budget code: 10 - 1100 - 300 -</b> _____                                    | \$                       |                          |
| 3. Will any of your expenses be paid by any other person or organization?.....     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will you receive an honorarium or fee? If yes, indicate the amount: \$ _____    | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Will any OFSD students be in your charge? If yes, how many? _____ Students..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Expenses: Expense advances are not permitted. Receipts are required for all reimbursements.**

- |  |           |  |
|--|-----------|--|
| 6. <b>Registration Fee:</b> .....  | \$        |  |
| 7. <b>Miles:</b> Number of miles ( <b>attach required MapQuest/Google Maps</b> ):<br>_____ miles X 2 (roundtrip) = _____ X .575 cents .....  | \$        |  |
| 8. <b>Tolls:</b> estimated cost.....   | \$        |  |
| 9. <b>Meals: Itemized restaurant receipts required, NOT major credit card receipts.</b><br>Maximum Reimbursements: Breakfast \$10.00; Lunch/Brunch \$15.00; Dinner \$25.00;<br>\$50.00 for overnight conference..... | \$        |  |
| 10. <b>Hotel: (attach required hotel confirmation e-mail/letter)</b><br>_____ (number of nights) X \$ _____ rate per night = .....   | \$        |  |
| 11. <b>Fare:</b> (circle one) Bus, Train, Plane (Lowest Available Rate) .....  | \$        |  |
| 12. <b>Miscellaneous:</b> (taxi, shuttle, parking, etc...) .....   | \$        |  |
| <b>TOTAL</b>   | <b>\$</b> |  |

**Registration Code:**

**10-2271- 360 -** \_\_\_\_\_

\$ \_\_\_\_\_

**Travel Code:**

**10 - 2271 - 580 -** \_\_\_\_\_

\$ \_\_\_\_\_

**APPROVAL SIGNATURES:**

Employee _____		Date _____
Administrator/Supervisor _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapprove	Date _____
Grant Manager (If applicable) _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapprove	Date _____
Superintendent _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapprove	Date _____
Business Office Manager _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapprove	Date _____

Business Office: \_\_\_\_\_

Grant Office: (If applicable) \_\_\_\_\_

