

Code _____

**Goshen Central School District
Request for Approval to Attend a Conference**

(Please read the directions on the reverse side.)

Conference _____ Date(s) _____

Location _____

I am requesting approval for attendance at the above conference for the following reason(s):

Signature _____ Date _____

Print name _____ Number of days substitute required _____

Signature: Department Head _____ date _____

Signature: Director _____ date _____

Signature: Principal _____ date _____

Estimated Expenses

Check box if riding with others and/or not requesting mileage

Public transportation ___ Bus ___ Train ___ Plane ___ Taxi \$ _____

Privately owned conveyance:

From _____ to _____ Miles: _____ x 2 (round trip) = total mileage _____

Total mileage _____ @ _____ per mile \$ _____

Tolls and parking (receipts required) \$ _____

Lodging (receipt required) \$ _____

Meals (receipts required) \$ _____

Registration fee \$ _____

Total Estimated Expenses: \$ _____

Signature: Assistant Superintendent _____ date _____

Signature: Superintendent _____ date _____

Approved Denied

Directions and Further Information

1. Complete the front of this form and submit it to your principal at least two weeks prior to the conference date.
2. Since school districts are prohibited by law from paying tax within New York State, the employee is responsible for obtaining a tax exempt certificate in advance.
3. Tax and tips are not reimbursable expenses.
4. Parking receipts are required if the charge is more than \$3.00.
5. Receipts are required for meal reimbursement. Maximum meal allowances:

Breakfast: \$5.00 Lunch: \$10.00 Dinner: \$15.00

Please note:

- A copy of this form will be returned to you indicating whether the conference request was approved or denied.
- If the conference request is approved, the copy must be re-submitted with required receipts attached to a claim form for reimbursement.