DOVER AREA SCHOOL DISTRICT

CONFERENCE REQUEST FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | PPID |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Building |  | Position |  |

|  |  |
| --- | --- |
| Conference/Workshop Title |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date(s) |  | Location: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Substitute Needed | Yes | No | If yes, date(s) |  |

|  |  |  |
| --- | --- | --- |
| Entered in Skyward/Red Rover | Date Entered |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Expenses | Estimated  *(Pre-Approved)* | Expense Pre-paid  by District | Reimbursement Amount Requested  *(Itemized Receipts must accompany reimbursement request)* |
| Registration Fee *(attach copy of registration form)* |  |  |  |
| Lodging *(overnight events only. Distance must be 75 miles or more one way)* |  |  |  |
| Food *(maximum allowance is $45 per day - Breakfast $10, Lunch $15, Dinner $20)* |  |  |  |
| Transportation   * Personal Vehicle   \_\_\_\_\_\_\_miles x $.67 |  |  |  |
| Other Expenses |  |  |  |
| Total |  |  |  |

|  |
| --- |
| Each Employee, upon returning from conference/workshop, must relate the value of their experience through one of the following options. At least one option must be chosen. |

|  |  |
| --- | --- |
|  | Presentation to the Board |
|  |  |
|  | Presentation to staff/co-workers |
|  |  |
|  | Written report to administration to be shared with appropriate staff |
|  |  |
|  | Demonstration by using new techniques, methods, or materials. If this method is chosen, |
| the building principal should be informed in order to provide support without evaluation | |
|  |  |
|  | Other |

PLEASE NOTE: All registrations, transportation and lodging arrangements are the responsibility of the attendee.

Conference Attendance Approval

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| Building Principal |  | Date |  |  | Approved |  | Denied |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Assistant Superintendent |  | Date |  |  | Approved |  | Denied |
|  |  |  |  |  |  |  |  |

Reimbursement

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | |  | |
| Submitted by |  | | Date | |
|  |  | |  | |
|  | |  | |  | |  |  |  |  |  |
| Building Principal | |  | | Date | |  |  | Approved |  | Denied |

|  |  |  |
| --- | --- | --- |
| Purchase Order # |  |  |