

# Hamilton Community Schools



## CONFERENCE REQUEST & TRAVEL EXPENSE

Employee Name: \_\_\_\_\_

Building: \_\_\_\_\_

Conference Title: \_\_\_\_\_

Conference Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Conference Location (City & State): \_\_\_\_\_

Rationale for Attendance: \_\_\_\_\_

Send check to Conference to register: YES NO

<u>Approximate Conference Expenses</u>	<u>Approximate Totals</u>
Registration Fee	\$
Approximate Mileage _____ miles X Federal Rate	\$
Other Travel Air / Train / Bus	\$
Lodging Hotel _____ # Nights _____ x Daily Rate \$ _____	\$
Parking	\$
Other	\$
<b>Estimated Total Request</b>	\$

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Principal's Pre-Approval Date

1. Fill form out to request conference with estimated travel expenses
2. Obtain permission, register & attend conference
3. If there are any travel expenses needing reimbursement you must attach receipts for reimbursement to this form and initial the bottom verifying attendance
4. If there are no reimbursements needed YOU MUST INITIAL THE BOTTOM OF THIS FORM AFTER YOU HAVE ATTENDED THE CONFERENCE to verify attendance
5. Get final reimbursement approval from principal and send form to AP for reimbursement

<u>Actual Conference Expenses</u>	<u>Actual Reimbursement</u>
Registration Fee	\$
Actual Mileage _____ miles X Federal Rate	\$
Other Travel Air / Train / Bus	\$
Lodging Hotel _____ # Nights _____ x Daily Rate \$ _____	\$
Parking	\$
Other	\$
<b>Total Reimbursement Request</b>	\$

(Office Use Only)

Acct. # \_\_\_\_\_ Total \$ \_\_\_\_\_

Acct. # \_\_\_\_\_ Total \$ \_\_\_\_\_

\_\_\_\_\_

Principal's Approval Date

Employee Verified Conference Attendance \_\_\_\_\_

Is sub needed? Yes No

Is sub cost covered by a grant or third party? Yes No If yes, please provide billing information.

Billing Name: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ Billing Contact Email: \_\_\_\_\_

Date Submitted to AP \_\_\_\_\_

Revised 01/29/2014