

**HAMPDEN - WILBRAHAM REGIONAL SCHOOL DISTRICT
Administrative Summary
CONFERENCE/PROFESSIONAL LEAVE APPROVAL AND REIMBURSEMENT**

NAME _____ SCHOOL _____ DATE SUBMITTED _____

ACTIVITY _____

DATE(S) _____ LOCATION _____

HOURS _____ *(required for in-service credit documentation)*

DESCRIPTION: ATTACH A COPY OF THE CONFERENCE DESCRIPTION AND A COMPLETED REGISTRATION

HOW WILL PARTICIPATION IN THIS ACTIVITY HELP ADDRESS GOALS OUTLINED IN AN INDIVIDUAL, SCHOOL, AND/OR DISTRICT PROFESSIONAL DEVELOPMENT PLAN? _____

WHAT OTHER PROFESSIONAL DEVELOPMENT ACTIVITIES HAS THIS TEACHER PARTICIPATED IN THIS YEAR?

ADMINISTRATIVE APPROVAL REQUIRED IN ADVANCE

<u>PARTICIPANT TO COMPLETE</u>	<u>PRINCIPAL/DESIGNEE TO COMPLETE</u>
Registration: \$ _____ P.O. # _____ <small style="margin-left: 200px;"><i>(office use only)</i></small>	Funding Source: _____ <small><i>(Enter the full account # that applies for building, department, or grant funds)</i></small>
Check (✓) method of payment: I need a Purchase Order ____ I will pay by check/credit card ____	Funding Source: _____ <small><i>(Enter the full account # that applies for building, department, or grant funds)</i></small>
Substitute: # days _____ x \$65 day = \$ _____	FUNDING APPROVED \$ _____
FUNDING REQUESTED \$ _____	

TRAVEL EXPENSES MUST BE ESTIMATED BELOW IF PARTICIPANT PLANS TO REQUEST REIMBURSEMENT FOLLOWING THE CONFERENCE AND EXPENSES MUST BE VALIDATED BY RECEIPT.

<u>PARTICIPANT TO COMPLETE PRIOR TO CONFERENCE</u>		
Mileage/Air: \$ _____ <small>(# _____ miles @ \$0.505/ mile)</small>	Lodging: \$ _____ <small>(# _____ nights @ \$ _____ night)</small>	Meal Allowance: Breakfast (\$4.00) _____ Lunch (\$6.50) _____ Dinner (\$11.00) _____
Tolls/Parking: \$ _____	Other: _____	
ESTIMATED EXPENSES \$ _____	Funding Source: _____ <small><i>(Enter the full account # that applies for building, department, or grant funds)</i></small>	

TOTAL FUNDING AND ESTIMATED EXPENSES APPROVED \$ _____

CONFERENCE/PROFESSIONAL LEAVE APPROVAL

SIGNATURES:

Department Head _____ Date _____

Grant Coordinator _____ Date _____

Director of Student Services _____ Date _____

Principal _____ Date _____

APPROVAL:

Superintendent/Designee _____ Date _____

_____ *Number of hours approved toward in-service credits*

REQUEST FOR REIMBURSEMENT

COMPLETE THE SECTION BELOW AND RETURN THIS FORM WITHIN 30 DAYS OF THE CONFERENCE TO:
ANDREA NOONAN, CENTER FOR CURRICULUM AND INSTRUCTION

PARTICIPANT TO COMPLETE UPON RETURN FROM CONFERENCE

EXPENSES: *Attach a copy of your cancelled check or credit card statement for the cost of registration, if applicable, and include all original receipts for expenses. Reimbursements cannot be processed without receipts. A copy of your certificate designating the hours of the conference must also be included with your request.*

Registration: \$ _____ **Funding Source:** *(office use only)* _____

Mileage/Air: \$ _____ **Lodging:** \$ _____ **Meals Total:** \$ _____
 (# _____ miles @ \$0.505/mile) (# _____ nights @ \$ _____ night) Breakfast (\$4.00) _____

Tolls/Parking: \$ _____ **Other:** _____ Lunch (\$6.50) _____
(Fast Lane users must submit statement) Dinner (\$11.00) _____

Funding Source: *(office use only)* _____

TOTAL EXPENSES \$ _____ **Are your receipts and certificate attached?**

NOTE: PLEASE ONLY SIGN BELOW WHEN TRAVEL EXPENSES ARE SUBMITTED

I hereby certify that the expenses itemized above are true and correct and incurred by me during approved travel in the service of the Hampden-Wilbraham Regional School District.

Signature _____ **Date** _____
(Original signature - No photocopies)

Home Address _____

