

**Palermo Union School District  
REQUEST FOR CONFERENCE/WORKSHOP ATTENDANCE**

NAME \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

TITLE OF CONFERENCE/WORKSHOP \_\_\_\_\_

LOCATION \_\_\_\_\_ DATE(s) OF CONFERENCE \_\_\_\_\_

The Staff Development Plan purpose for this conference/workshop is:

- Level I: Training related to School Improvement Plan \_\_\_\_\_  
(Specify SIP component)
- Level II: Personal Mastery of Specific Skills
- Level III: Individual Inquiry

**ATTACH CONFERENCE INFORMATION/SCHEDULE/REGISTRATION FORM/HOTEL INFORMATION.**

<b>TRANSPORTATION</b>	\$
Common Carrier (Plane, Train, Taxi, Bus) _____ District Car _____ Private Car _____ miles @ 55.5 ¢ per mile/Ride with _____ Parking \$ _____ Bridge Tolls \$ _____	
<b>LODGING</b>	\$
Hotel Name _____ Reservations have been made _____ Confirmation # _____ Dates of Lodging _____ Number of nights _____ x Cost per night \$ _____ <b>Attach all documentation</b>	
<b>MEALS</b>	\$
You may spend up to \$37 per day. Attach all <b>original, itemized</b> receipts. If you spend over the amount allowed, you will not be reimbursed for the overage.	
<b>REGISTRATION</b>	\$
Fee \$ _____ x number of people attending _____ <b>Attach all documentation</b>	
<b>OTHER EXPENSES</b>	\$
Substitute required? _____ @ \$ _____ per day (Please arrange for substitute) Other expenses _____	
<b>TOTAL CONFERENCE/WORKSHOP COSTS...</b>	\$
The District does not pay for units of credit that apply towards salary placement and movement on the salary schedule.	

***Remember - TO BE REIMBURSED YOU MUST PROVIDE RECEIPTS FOR ALL EXPENSES AND ATTACH TO TRAVEL EXPENSE CLAIM FORM.***

**ACCOUNT TO BE CHARGED**

(See account code structure on reverse)

ORG KEY

OBJ CODE

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator of Categorical Programs Signature (if needed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date