

**MARSHALL COUNTY SCHOOLS
CONFERENCE APPROVAL AND TRAVEL REQUEST**

Page 1 (5.8Addendum-A)

**Submit request to principal well in advance of meeting/conference registration deadline date.
Principals need to submit signed request to Central Office Supervisor 2 weeks prior to registration deadline.**

Attendees: _____ Today's Date: _____

_____ Activity Date(s): _____

Activity: _____ Location: _____

SUBSTITUTE REQUIRED: YES NO # of Days Sub Needed _____

PRINCIPAL'S SIGNATURE

DATE

REGISTRATION: (Submit information only. The Central Office will complete registration to vendor.)

REGISTRATION REQUIRED: YES NO Attach registration form. Total Registration Cost _____

Make Check/PO Payable To: _____

Full Address: _____

Phone: _____ Fax: _____

LODGING: (Submit information only. The Central Office will complete reservations.)

LODGING REQUIRED: YES NO # of Nights for Lodging _____

(You must return a copy of the hotel receipt to the Central Office)

Make Check/PO Payable To: _____

Full Address: _____

Phone: _____ Fax: _____

of Rooms Needed _____ Arrival Date: _____ Departure Date: _____

(Submit information only. The Central Office will complete reservations.)

CAR RENTAL REQUIRED: YES _____ NO _____ (A receipt must be returned to the Central Office) **AIRLINE REQUIRED:** YES _____ NO _____

ESTIMATED EXPENSE:

Registration: \$ _____

Meals: \$ _____

Lodging: \$ _____

Other: \$ _____ (Parking, tolls, etc.)

Airline: \$ _____

Van Mileage _____ miles X \$.30 Cost \$ _____

Car Rental: \$ _____

Personal Vehicle: _____ miles X \$.47 Cost \$ _____

Substitute \$ _____ (# of days)

TOTAL REQUESTED: \$ _____

How are expenses to be paid? (Check all that apply and enter amounts)

General Purpose \$ _____
 Special Education \$ _____

Federal Projects \$ _____
 Other \$ _____

APPROVAL: (For Central Office Use Only) Initial approved expense

_____ Absence _____ Substitute _____ Lodging _____ Car Rental _____ Airline _____ Meals _____ Mileage Personal

_____ Mileage-County Van _____ Other _____

SUPERVISOR'S SIGNATURE

DATE

DIRECTOR OF SCHOOLS' SIGNATURE

DATE

**MARSHALL COUNTY SCHOOLS
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Page 2 (5.8Addendum-A)**

I have read and understand all Marshall County School Board policies and Administrative Procedures related to the use and reimbursement of staff development funds. **I understand I WILL be asked to present information obtained from this conference to other Marshall County employees for staff development or in-service.** Signature required of all attendees listed on page one.

Printed Name	Signature	Date
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Printed Name	Signature	Date
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Printed Name	Signature	Date
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Printed Name	Signature	Date
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Printed Name	Signature	Date
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Printed Name	Signature	Date
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Printed Name	Signature	Date
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Meals and Incidentals: Meals are not reimbursable for day trips, only for overnight trips. When an overnight stay is required, employees may claim reimbursement for breakfast, lunch and dinner meals. Snacks and in-between meal purchases at any entity will not be reimbursable. ***Receipts for meals must be itemized.***

You must submit a completed "Claim for Travel Expense" (2.3-B Addendum-Claim Form for Travel Expense) to your immediate supervisor following your trip in order to be reimbursed.

Please review Administrative Procedure 2.3R7 Travel Expenses and Reimbursements for additional details.