

AFTON CENTRAL SCHOOL  
AFTON, N.Y. 13730

**Request for Approval of Conference/Workshop Attendance**

Please submit the completed form to your principal at least one month prior to the conference date.

Conference \_\_\_\_\_

Location \_\_\_\_\_

Date (s) \_\_\_\_\_

Role at the conference: General participant \_\_\_\_\_ Special duty as follows: \_\_\_\_\_

No. of other staff members attending conference \_\_\_\_\_

I hereby request approval for attendance at the conference described above.

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

Staff Assignment \_\_\_\_\_

Number of days substitute service required: \_\_\_\_\_

**REVIEW**

Principal's Comments: \_\_\_\_\_

Principal's Approval: \_\_\_\_\_

**ESTIMATED EXPENSES**

**TRANSPORTATION** (Must use district vehicle if available)

Privately owned conveyance (*only if district vehicle is not available*)

Total mileage \_\_\_\_\_ at the IRS rate = \$ \_\_\_\_\_

Tolls and Parking (receipts required if more than \$1.00) \$ \_\_\_\_\_

Other charges (specify) \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL TRANSPORTATION

**OTHER EXPENSES** (*Taxes and Gratuities cannot be approved for reimbursements*)

Meals..... \$ \_\_\_\_\_

Registration Fee..... \$ \_\_\_\_\_

Other (specify)..... \$ \_\_\_\_\_

TOTAL OTHER EXPENSES..... \$ \_\_\_\_\_

**TOTAL ESTIMATED EXPENSES..... \$ \_\_\_\_\_**