

PLEASE RETURN FORM TO SUPERINTENDENT'S OFFICE
Wilkinsburg School District

CONFERENCE REQUEST FORM

Please Note: This conference request will not be processed unless all of the following information has been completed and submitted to the Superintendent or designee **NO LATER THAN 10 DAYS PRIOR** to the regular monthly board meeting.

Name _____ Date _____

Building _____ Location _____

Title of Conference _____

Date of Conference _____

Curricular Impact _____

Student Impact _____

Plans to Disseminate Information _____

Projected Cost		Approvals	
Registration	\$ _____		
_____ Sent by Acct Pay* or _____ Sent by Employee		Immediate Supervisor _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lodging	\$ _____	Division Director _____	<input type="checkbox"/> <input type="checkbox"/>
Transportation _____ Miles @ IRS Rate	\$ _____	Superintendent _____	<input type="checkbox"/> <input type="checkbox"/>
Meals	\$ _____		
Substitute Rate	\$ _____		
Total	\$ _____	Submitted to Board _____	
Cash Advance	\$ _____	Approved _____	
Reason for Cash Advance	\$ _____	Rejected _____	
Date Required _____			

Following Board approval, this form will be returned to you. Upon return from the conference, please complete the conference evaluation and reconciliation of conference expenses, and send this form along with your receipts to the Business Office no later than 10 days following your return from the conference. **No reimbursements will be issued without proper documentation including all original receipts with the completion of the conference evaluation.**

**Registration forms must be received by accounts payable prior to the due date.

CONFERENCE EVALUATION

Excellent = 5

Very Good = 4

Good = 3

Fail = 2

Unsatisfactory = 1

NA = Not applicable to the conference Attended

1. What is your overall evaluation of the conference as to:

Increasing your knowledge	5	4	3	2	1	NA
Holding your interest	5	4	3	2	1	NA
Conveying practical information	5	4	3	2	1	NA

2. What is your overall evaluation of the speakers 5 4 3 2 1 NA

3. What aspects of this conference could be utilized by the Wilkinsburg School District to improve our quality of education? 5 4 3 2 1 NA

4. In general, the conference was 5 4 3 2 1 NA

5. Please add comments you may have about this conference _____

I would recommend this conference to other employees to attend in the future. Yes No

Expenses (All expenditures must be supported by original receipts)

Date	Mileage	Tolls	Meals	Lodging	Other	Total Amount

Total Amount of Disbursements \$ _____

Less Cash Advance \$ _____

Amount Due Employee \$ _____

Amount Returned to District \$ _____

Employee's Signature _____

Date _____

Superintendent's Signature _____

Date _____

Director of Business Affairs Signature _____

Date _____

Acct # _____

Vendor # _____

Date _____