

SOUTHERN TIOGA SCHOOL DISTRICT
241 Main Street, Blossburg, PA 16912 (570) 638-2183

CONFERENCE REQUEST

EMPLOYEE: (PLEASE PRINT) _____

CONFERENCE NAME: _____

LOCATION: _____

CONFERENCE DATE (s) : _____ - _____

ESTIMATED COSTS:

Travel: _____ miles @ \$ _____ /mile =	\$ _____
Lodging: _____	\$ _____
Meals: _____	\$ _____
Substitute: _____ days @ \$ _____ /day =	\$ _____
Misc. Expenses: (please specify) _____	\$ _____
Total:	\$ _____

RECEIPTS FOR LODGING, MEALS, & OTHER EXPENSES ARE REQUIRED FOR REMIBURSEMENT

NOTE: Employees who are granted approval for a conference are required to share their newly acquired expertise with colleagues upon request. Conference attendees will be identified as resources for future district staff development programs. Conference attendees must complete the "Conference Report" form and send it to the Coordinator of Instructional Services and Grants within 10 working days following the conclusion of the conference/workshop.

EMPLOYEE SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

TO BE PAID THROUGH: (please check one and specify code)

Building Budget: _____	Code _____
Federal Program: _____	Code _____
Curriculum: _____	Code _____
Other: _____	Code _____

SUPERVISOR/PRINCIPAL: _____ DATE: _____

CURRICULUM & GRANTS FUNDING APPROVAL

Approval signature required for Curriculum or Federal Funding

SUPVR. OF CURR. & INST. _____ / _____	APPROVED	DATE	DENIED	DATE
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DISTRICT LEVEL APPROVAL

SUPERINTENDENT: _____ / _____	APPROVED	DATE	DENIED	DATE
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BOARD: _____ / _____	APPROVED	DATE	DENIED	DATE
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