

MONTOURSVILLE AREA SCHOOL DISTRICT

Request to Attend a Conference/Meeting/Clinic

(Please check one: Conference/Workshop Meeting Coaching Clinic)

Person Making Request (one per form) _____

Building / Grade Level _____ / _____ Date of Request _____

Name of Conference or Clinic _____ Date(s) _____
 Days: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Location _____ / _____ Substitute: No Yes - Date(s): _____
 (City) (State)

Conference days used to date for this school year: _____ (3 Conference Days/School Year)

Total conference reimbursement(s) to date for this school year: \$* _____

(*Note: Maximum reimbursement is \$600 per year. If you are unable to attend the approved conference or clinic, any district pre-paid expenses must be reimbursed to the district.)

Are you requesting Act 48 credit? No Yes (Note: coaching clinics are not approvable under Act 48.)

Estimated Expense Worksheet

(To be reimbursed, please submit itemized receipts and a copy of this approved form – credit card slips showing only total cost will not be accepted.)

Estimated Expenses:	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
Date:								
Mileage								
Registration								
*Lodging								
Meals (\$50/day Max)								
Parking								
Other (Explain)								
(Reimbursement will not exceed total estimated cost)								

****For a one-day conference, no lodging will be reimbursed under 120 miles, one-way, from Montoursville.***

Principal's approval for attendance: _____ Date: _____

Curric. Coord. approval (for Act 48 Credit): _____ Date: _____

Superintendent's approval: _____ Date: _____

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 For Office Use Only: _____ (06/07/2010)