

**SOUTH COLONIE CENTRAL SCHOOLS
FINANCIAL SERVICES**

TO: Supervisors/Administrators

FROM: Anjelieeque Martinez, Business Office Manager/District Treasurer *(AM)*

RE: Conference/Professional Meeting Reimbursements

DATE: **June 3, 2011**

Effective July 1, 2011 the Conference/Professional Meeting Reimbursement process has been updated to ensure compliance with both Board Policy and Audit Regulations.

Attached are conference reimbursement forms for the 2011-2012 school year. Conference/Professional Meeting reimbursement claims are to have the following forms attached to the claim form:

- application for conference/professional meeting attendance (must be approved **PRIOR** to conference/meeting.)
- conference report form (if required)
- expense account form

Copies of these forms are attached.

Additionally, receipts must accompany the claim form. Please verify this information is included when approving the claim form.

Please see the attached Travel Permit and Regulations form for further clarification.

/db

Attachments

copy: Assistant Superintendent for Instruction
Accounts Payable Dept.

**SOUTH COLONIE CENTRAL SCHOOLS
 CONFERENCE/PROFESSIONAL MEETING
 EXPENSE REIMBURSEMENT FORM
 2011-2012 School Year**

NAME _____ Bldg/Position _____
 ADDRESS _____
 CONFERENCE _____
 LOCATION _____ DATE _____

Expenses are approved in accordance with Board of Education Policy 6830-R.
 See "Travel Permit and Regulations" for major regulations.

RECEIPTS MUST ACCOMPANY THIS FORM.

TRANSPORTATION:

Personal Auto _____ @ \$.51 per mile \$ _____
 Other travel expenses: _____ \$ _____
 _____ \$ _____

LODGING: _____ number of nights \$ _____

MEALS: Note number of each: \$ _____
 _____ Breakfast
 _____ Lunch
 _____ Dinner

REGISTRATION FEE: \$ _____

MISCELLANEOUS: Please specify: \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL EXPENSES \$ _____

I certify that the above account is correct and these expenses have been paid by me.

DATE _____ Signature _____

**SOUTH COLONIE CENTRAL SCHOOLS
 APPLICATION FOR CONFERENCE/PROFESSIONAL MEETING ATTENDANCE
 2011-2012 School Year
 PRIOR APPROVAL REQUIRED**

Please submit this request to your building principal/supervisor

NAME _____ Bldg/Position _____

CONFERENCE _____

LOCATION _____ DATE(S) _____

Is a substitute necessary? Yes No. Give a brief statement regarding the theme or purpose of the conference and how the students and/or program will benefit from your attendance. _____

ESTIMATED COSTS

TRAVEL:
 Personal Auto _____ @ \$.51 per mile \$ _____
 Other travel expenses: _____ \$ _____
 _____ \$ _____

LODGING: _____ number of nights \$ _____

MEALS: Note number of each: \$ _____
 _____ Breakfast
 _____ Lunch
 _____ Dinner

REGISTRATION FEE: \$ _____

MISCELLANEOUS: Please specify: _____ \$ _____

TOTAL EXPENSES \$ _____

PRINCIPAL/SUPERVISOR'S ACTION:	Date Received: _____
Comments: _____ _____	
Approved: <input type="checkbox"/> Disapproved: <input type="checkbox"/> Signature: _____	
Please check box if Conference Report Form is required <input type="checkbox"/>	

**SOUTH COLONIE CENTRAL SCHOOLS
TRAVEL PERMIT AND REGULATIONS
2011-2012 SCHOOL YEAR**

The following regulations concerning **approved** expenses have been taken from Board of Education Policy 6830-R.

TRANSPORTATION:

- Reimbursement for use of an employee's automobile will be at \$0.51 per mile, plus tolls. **Toll receipts must accompany the claim form.** Where two or more employees are attending the same conference, it is expected that they will travel together. When two or more autos are necessary, the reasons are to be identified in the conference request and their use given prior approval. **A printout showing the travel distance will be required from starting location to ending location using MapQuest or some equivalent.**
- Where air, railroad or bus transportation is required, the request for conference attendance must indicate the cost of such travel, and reimbursement will be for the amount given prior approval. **Receipts must accompany the claim form.**

HOTEL ACCOMMODATIONS:

- **LODGING:** Rates must be identified in the conference request so that any questions may be answered prior to approval. A tax exemption form is to be presented to hotels in New York State. **Itemized receipted bill must be attached to the claim form.**
- **MEAL ALLOWANCE:** Up to \$75.00 per diem. Alcoholic beverages will not be reimbursed. **Receipts must accompany the claim form.**
- If the conference is set up on the American plan, the full amount may be claimed if requested in advance and given prior approval.

MISCELLANEOUS:

- A registration fee (not dues) may be included as a claimable conference expense, provided such fee is given prior approval. **A receipt or copy of the canceled check must accompany the claim form.**
- Reasonable tips, other than for meals and necessary miscellaneous expenses (taxis, etc.) will be allowed as itemized.
- Personal expenses cannot be claimed.