

**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:  Disapproved:  Signature: \_\_\_\_\_

Please check box if Conference Report Form is required

**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.

**SOUTH COLONIE CENTRAL SCHOOLS**  
102 Lorelee Drive  
Albany, New York 12205

**CONFERENCE REPORT FORM**  
*(To be included with conference expense claims)*

CONFERENCE \_\_\_\_\_

LOCATION \_\_\_\_\_ DATE(S) \_\_\_\_\_

Explain the type of conference and whether it was local, state, or national:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe briefly in paragraph form (50-70 words) the purpose of the conference, the highlights and any other comments you would like to make:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your evaluation of the conference:

Excellent                       Very good                       Good                       Fair

\_\_\_\_\_  
Signature

\_\_\_\_\_  
School