

PERSONNEL AND NEGOTIATIONSPROFESSIONAL DEVELOPMENTProfessional Development Reimbursements

Attendance at conferences related to the educational program or support service operations of the school district is encouraged for all employees of the district. Such attendance during the school day must receive prior approval of the immediate supervisor of the requesting employee. Reimbursable attendance requires the approval of the Superintendent. If the conference request is in excess of \$500.00, approval of the Board of Education is required.

Presentation: 5/17/06

First  
Vote: 6/7/06

Second  
Vote: 6/21/06

**WEST GENESEE CENTRAL SCHOOL DISTRICT**  
**APPLICATION AND EXPENSE VOUCHER FOR CONFERENCE ATTENDANCE**  
 (Please Type or Print Clearly in Ink)

CONFERENCE REQUEST PROCEDURE

1. This request must be received by the District Office at least thirty (30) days prior to the date of the conference.
2. All appropriate signatures for recommending and approving/denying the request must be dated.
3. Post Conference Reports must be submitted to the Assistant Superintendent for Curriculum and Instruction within two (2) weeks after returning from the conference:
  - a. The Expense Voucher on the other side must be completed to receive reimbursement.
  - b. The Conference Attendance Report must be completed and submitted to the Assistant Superintendent regardless of any request for reimbursement.

Name: \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
 (Conference Title) (Date) (Date)

at \_\_\_\_\_ Number of Substitute Days Required \_\_\_\_\_  
 (Location)

**\*\*\*NATURE OF CONFERENCE AND REASON FOR ATTENDANCE\*\*\***

<u>My estimated expenses are:</u>		<u>Recommended by:</u>	<u>Date:</u>
Transportation	\$ _____	Bldg. Chair: _____	_____
Registration	\$ _____	Bldg. Prin.: _____	_____
Lodging	\$ _____	Director: _____	_____
Meals	\$ _____	Asst. Supt.: _____	_____
Tolls	\$ _____	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>
Other Expenses	\$ _____	By: _____	
TOTAL EXPENSES	\$ _____	(Superintendent)	

Summary of Reimbursement for Conference Expenses

Substitute Cost at current rate: \$ \_\_\_\_\_ Code: \_\_\_\_\_

Sources of Reimbursement: (Indicate each WGCSD source where appropriate)

Building Funds: \_\_\_\_\_ Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

District Funds: \_\_\_\_\_ Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Total Maximum Allowed: \$ \_\_\_\_\_

*Expense voucher on the other side must be completed and signed to receive reimbursement  
 Original receipts are required!*

**EXPENSE VOUCHER**

**Directions:**

1. Attach original receipts for registration, lodging, meals, tolls, or parking charges. Claim will not be approved without receipts. Indicate any fees which were prepaid.
2. Tax exemptions must be used where applicable. There will be no reimbursement of sales tax, except those in conjunction with a meal.
3. Submit Voucher with Post Conference Report. Reimbursement will not be made without a Post Conference Report.
4. Be sure to sign certification statement below.

Public Transportation \$ \_\_\_\_\_

Privately owned conveyance:

From \_\_\_\_\_ to \_\_\_\_\_ Mileage \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Mileage \_\_\_\_\_

Total Mileage \_\_\_\_\_ @ IRS Rate ( \_\_\_\_\_ ) \$ \_\_\_\_\_

Thruway tolls (attach receipts) \$ \_\_\_\_\_

Other tolls and parking (attach receipts) \$ \_\_\_\_\_

Lodging (attach receipt) \$ \_\_\_\_\_

Meals (attach receipts) \$ \_\_\_\_\_

Registration fee (attach receipt) \$ \_\_\_\_\_

Other (specify and attach receipts) \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

Less: prior payments made by district \$ (-) \_\_\_\_\_

Total amount to be reimbursed (less than or equal to the Total Maximum Allowed from front page)  
\$ \_\_\_\_\_

I hereby certify that the account and attached receipts are just, true, and correct; and that the amount claimed is actually due and owing.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

District Office Approval for Payment \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Claim approved at \$ \_\_\_\_\_

Budget Code: \_\_\_\_\_

\_\_\_\_\_  
(Internal Claims Auditor) (Date)

\_\_\_\_\_  
(Purchasing Agent) (Date)

**CONFERENCE ATTENDANCE REPORT**

Please submit a Conference Attendance Report to the Assistant Superintendent for Curriculum and Instruction within two weeks of the conference regardless of any request for reimbursement. Reimbursement is made only after an expense voucher and conference report are submitted.

Name: \_\_\_\_\_ School: \_\_\_\_\_

Conference Attended: \_\_\_\_\_ Date(s) Attended: \_\_\_\_\_