

Upper Township School District
REQUEST FOR APPROVAL OF ATTENDANCE AT CONFERENCE

This form is to be submitted to the Office of the Curriculum Supervisor at least six (6) weeks prior to conference date.

Board approval is required before registering and/or attending a conference!

Please complete (print) all fields below:

Employee Name _____

Name of Conference _____

City of Conference _____ Date(s) & Hours of Conference _____

Purpose & How Related to Scope of Responsibilities (Attach Travel Itinerary) _____

ESTIMATED COSTS (Indicate where Applicable)

Registration Fee	\$
Lodging* (Hotel – Include Tax) _____ Nights @ \$ _____ Per Night	\$
Is the Conference on the same site as the Hotel? Yes _____ No _____	
Meals / Incidentals* – Allowable Rates per www.gsa.gov	\$
Transportation (Mileage) - Own Car _____ miles @ .31 Cents per mile	\$
Tolls (Receipt Required)	\$
Parking (Receipt Required)	\$
Other Transportation – Circle one Airfare Bus Taxi Train	\$
Miscellaneous Expenses (Explain) (Receipt Required)	\$
Total Estimated Costs	\$

All employees must adhere to the guidelines established in Policy 6471 –School District Travel.

*Daily meal and lodging reimbursement rates may be obtained on the U.S. General Services Administration website at www.gsa.gov.

Documentation/Justification – Separate Paper Attachment

Pursuant to N.J.A.C. 6A:23A-7.5, you shall provide a brief statement that includes the primary purpose of the travel and key issues that will be addressed at the event, a copy of the travel event agenda, and your New Jersey Insurance Identification card (if applicable).

Certification by Employee – I certify that, to the best of my knowledge, the information provided in this document is accurate. I have also read and will adhere to the guidelines established in Upper Township School District *Policy 6471 – School District Travel*.

Employee's Signature _____ Date _____

FOR OFFICE USE ONLY

Please Check All That Pertain

<input type="checkbox"/> Employee Will Register & Pay	<input type="checkbox"/> Purchase Order for Registration & Payment
<input type="checkbox"/> ARRA <input type="checkbox"/> IDEA	<input type="checkbox"/> NCLB <input type="checkbox"/> ETTC

APPROVALS:

Principal/Supervisor Signature _____

Date Approved _____

Sup.of Curr. & Inst. Signature _____

Date Approved _____

Superintendent's Signature _____

Date Approved _____

Board Approval Date _____

County Approval Date _____

Account Number _____