Westbury Union Free School District
CONFERENCE ATTENDANCE REQUEST

INSTRUCTIONS: (Please Read Before Submitting Request)

1. You must receive PRIOR approval from your Principal and/or Director as well as the Assistant Superintendent in order to attend a Professional Conference.

2. This signed request (listing estimated expenses) with a completed registration form, event information, agenda, etc., is to be submitted to the Principal and/or Director for approval and Assistant Superintendent or Superintendent for signature. All necessary approvals, including a signed purchase order(s), must be in place PRIOR to making plans to attend a conference.

3. To receive reimbursement of approved expenses after attending, employee shall attach original itemized receipts, bills, e-tickets or invoices to a completed and totaled, signed claim or travel expense record form and submit to Business Office. Meals and mileage will be reimbursed based on the IRS rates. Gratuities are reimbursable up to fifteen (15%) percent.

4. Please press firmly using ball point pen.

NAME: ___________________________ SCHOOL: ___________________________ DATE: ___________________________

NAME OF CONFERENCE: ______________________________________________________________

LOCATION OF CONFERENCE: ___________________________________________________________

DATES OF CONFERENCE: _____________ Dates of Absence: _____________

SUBSTITUTE NEEDED: ________ YES ________ NO

NUMBER OF CONFERENCES ATTENDED LAST SCHOOL YEAR: ___________________________

NUMBER OF DAYS ABSENT LAST SCHOOL YEAR DUE TO CONFERENCE ATTENDANCE: ________________

ESTIMATED EXPENSES: ___________________________ Travel ___________________________ Registration Fee ___________________________
(Must Be Completed and Totaled)

________________________ Lodging ___________________________ Other Expenses ___________________________

________________________ Meals ___________________________ Total Expenses ___________________________
(Total Claim Not to Exceed Above)

EMPLOYEE’S SIGNATURE: ______________________________________________ Approval: ___________________________

PRINCIPAL

Assistant Superintendent: ____________________________________________ Director (If Applicable)

☐ Are ALL required signatures and approvals in place?
☐ Have ALL estimated expenses been listed and totaled?
☐ Are ALL forms and information (registration, agenda, reservation confirmations, etc.) attached?

________________________ BUSINESS OFFICE REVIEW: ___________________________ BUDGET CODE: ___________________________

White/Green – Business Office Canary – Personnel Pink – Employee