

JOHN GLENN SCHOOL CORPORATION

Faculty Conference Request

Name: _____ School: _____ Date of Request: _____

A. Conference Requested: (Name) _____

1. Date: _____ Location: _____
2. Name of School, Company, or other organization that is sponsoring this conference: _____
3. For 1-Day Conferences Only: Please list total hours from start to finish (include the driving time to and from the conference, as well as the time attending the conference) _____ Hours

B. General Information

- | | | |
|--|-------|-------|
| | YES | NO |
| 1. Will this conference require you to be absent from the classroom? | _____ | _____ |
| 2. Will a substitute be required? | _____ | _____ |
| 3. Please briefly explain the purpose and value of this conference to your professional duties and identify its relevance to your school's improvement or professional development plan: | | |

C. Estimated Expenses for Conference (Estimated costs must be listed in order to be reimbursed.)

Substitute	Mileage	Mileage x.67	Meals	Room	Registration	Rental Car/Gas	Est. Total

D. Please check one: (if requested conference takes place less than two weeks from the date of this request, the second option must be selected.)

_____ I would like for the school corporation to send in my registration form and pay the registration fee with a Purchase Order. (Completed Registration and Requisition Forms must be attached **or this request will be returned to you unprocessed.**)
Note: Online registrations require approval prior to registration. Call Adm. office for a P.O. or credit card #. A requisition form with the assigned P.O.# on it must then be submitted with e-mail confirmation of registration attached.

_____ I will take care of sending in the registration form and the fee myself and will turn in all expenses after the conference. (Retain all receipts to attach to a completed claim form for reimbursement following the conference.)

E. I understand that I am responsible for making conference arrangements and that to receive reimbursement I must submit a valid claim with attached receipts to substantiate my claim.

_____ Signature

(Do not write below this line)

Recommendation/Action

_____ Principal (signature indicates approval)

Account conference expenses are to be charged to: _____

_____ Superintendent

Request is (check one): _____ Approved _____ Not Approved

Date of Action: _____