

# Gary Community School Corporation Conference Form

**WHEN APPLYING FOR PERMISSION TO ATTEND A CONFERENCE, BE SURE TO SUBMIT YOUR COMPLETED FORM AT LEAST 15 DAYS BEFORE THE CONFERENCE. UPON RETURN, ATTACH YOUR CLAIM TO THE ORIGINAL OF YOUR REGISTRATION RECEIPT AND/OR FORM AND THE COVER OF THE CONFERENCE BOOKLET & RECEIPTS FOR TRAVEL EXPENSES.**

**\*\*ALL ACCOUNTS PAYABLE VOUCHERS RELATED TO CONFERENCE REIMBURSEMENTS NEED TO BE SUBMITTED TO FUND SOURCE NO LATER THAN 30 DAYS FOLLOWING THE ORIGINAL CONFERENCE DATE. FAILURE TO DO SO WILL FORFEIT YOUR RIGHT TO CLAIM REIMBURSEMENT.**

## REQUEST FOR CONFERENCE ATTENDANCE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_ BUILDING: \_\_\_\_\_

TITLE OF CONFERENCE: \_\_\_\_\_

CONFERENCE ADDRESS: \_\_\_\_\_

DATE OF CONFERENCE: \_\_\_\_\_

SPONSORING ORGANIZATION: \_\_\_\_\_ ARE YOU A MEMBER? \_\_\_\_\_

TRAVEL DATES: (IF NEEDED) \_\_\_\_\_ TOTAL NUMBER OF DAYS GONE: \_\_\_\_\_

ANTICIPATED COSTS \$ \_\_\_\_\_ TO BE PAID BY [PER GCSC POLICY]

TRANSPORTATION: \_\_\_\_\_

*Mileage will be reimbursed at the current IRS rate (\$0.625 per mile) at time of travel (calendar year).*

High Ability \_\_\_\_\_

CONFERENCE FEE: \_\_\_\_\_

SPECIAL ED. \_\_\_\_\_

\*LODGING/MEALS: \_\_\_\_\_

TITLE I \_\_\_\_\_

*\*Lodging/Meals/Incidentals: Per Diem as per [HTTPS://www.GSA.Gov/Portal/Content/104877](https://www.GSA.Gov/Portal/Content/104877)*

*When making reservations, please request the government rate and advise that we are state tax exempt. The tax exempt form is on file with your building clerk. Parking & Tolls are reimbursable when original receipt is provided.*

SUBSTITUTE: \_\_\_\_\_ TITLE II \_\_\_\_\_

OTHER: \_\_\_\_\_ Education Fund \_\_\_\_\_

TOTAL COSTS: \_\_\_\_\_ OTHER \_\_\_\_\_

GIVE A BRIEF STATEMENT OF YOUR REASON FOR WISHING TO ATTEND THIS CONFERENCE. INDICATE ITS RELEVANCE TO YOUR JOB PERFORMANCE AND SCHOOL IMPROVEMENT GOAL(S).

WHICH GROUP DO YOU ANTICIPATE BENEFITING MOST FROM THE INFORMATION YOU HOPE TO GAIN THROUGH ATTENDANCE AT THIS CONFERENCE?

**CHECK ALL THAT APPLY.**

ADMINISTRATORS		TEACHERS		STUDENTS		PARENTS	
DEANS/COUNSELORS		OTHER					
(SPECIFY)							

HOW WILL YOU DISSEMINATE THE INFORMATION YOU GARNER FROM THIS CONFERENCE TO YOUR TARGET AUDIENCE?

**(This section must be filled out in order to process conference request form.)**

PRESENTATION AT WORKSHOP OR STAFF DEVELOPMENT SESSION	
WRITTEN PRESENTATION FOR TARGET AUDIENCE	
FORMAL PROPOSAL FOR INNOVATION OR CHANGE MADE TO SUPERINTENDENT AND/OR BOARD	
OTHER (SPECIFY)	

*This request must be turned in to the office of the funding source no later than two weeks prior to the conference date.*

**No person(s) should attend a conference without proper approval.**

<b>Name of Principal or Immediate Supervisor</b>	<b>Initials</b>	<b>Date</b>
<b>Superintendent or designee</b>	<b>Initials</b>	<b>Date</b>
<b>Funding Source</b>	<b>Initials</b>	<b>Date</b>
<b>Chief Financial Officer</b>	<b>Initials</b>	<b>Date</b>

*Upon securing all signatures listed above, copies of the approved form will be sent to all relevant personnel.*

Once the conference form has been approved, you can request for a sub via the ASEOP system in a reasonable timeframe to assure coverage of your class.