

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 (\$0.67 per mile) at time of travel (calendar year).

CONFERENCE FEE: _____

*LODGING/MEALS: _____

**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: _____

OTHER: _____

TOTAL COSTS: _____

High Ability _____

SPECIAL ED. _____

TITLE I _____

TITLE II _____

Education Fund _____

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.

Name of Principal or Immediate Supervisor	Initials	Date
Superintendent or designee	Initials	Date
Funding Source	Initials	Date
Chief Financial Officer	Initials	Date

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.