



ELIZABETH FORWARD School District

401 Rock Run Road, Elizabeth, PA 15037
Mr. Keith Konyk, Superintendent of Schools

Phone: 412.896.2300

Fax: 412.751.9483

REQUEST FOR LOCAL EDUCATION EVENT / CONFERENCE

Request Procedure:

1. If the total estimated costs of a LEE / Conference is under \$500, the completed request form (pre-approved by your immediate supervisor) must be submitted to the District Office at least thirty (30) calendar days prior to the event date.
2. If the total expense of a LEE / conference is \$500 or more, the completed request form (pre-approved by your immediate supervisor) must be submitted to the District Office at least sixty (60) calendar days in advance of the event date for review and approval by the Board of School Directors.

**Employees are advised not to commit to attendance until they have received final approval.*

PART I - REQUEST TO ATTEND LEE / CONFERENCE (PLEASE PRINT)

Name _____ Building _____

Today's Date _____ Event Title _____

Event Location _____ Event Date(s) _____

Substitute Teacher Required Y N Date(s) Substitute Needed _____
(Please enter your information to Acsop, once your request is approved.)

PART II - REASON FOR ATTENDANCE (PLEASE PRINT)

Describe Specific Details of LEE / Conference and how it relates to your role in the District. Attach a Copy of the Agenda/Program, or explain why nothing is available:

Reason For Attendance _____

PART III - PRINCIPAL / SUPERVISOR JUSTIFICATION (PLEASE PRINT)

List reasons why this event is appropriate and how it will benefit the district.

PART IV - ESTIMATED EXPENSE TO DISTRICT

Registration Fee	\$ _____	Mileage: _____ at current rate of reimbursement	\$ _____
*Meals	\$ _____	Airfare	\$ _____
Parking	\$ _____	Additional Costs: (Please attach list w/explanation)	\$ _____
Lodging	\$ _____	Total Estimated Costs	\$ _____

**Alcoholic beverages prohibited by EFSD Policy.*

Employee Signature _____ Date _____

Supervisor Signature _____ Approved Y N Date _____

Superintendent / Assistant Superintendent Signature _____ Approved Y N Date _____

School Board Approval Y N Date _____

FOR ADVANCED REGISTRATION - PLEASE SEE PAGE 2

Name (PLEASE PRINT) _____

Building _____

PART V - ADVANCED REGISTRATION ONLY

Advanced registration Date (needed by) _____

Amount of advanced registration: \$ _____

Make check payable to: _____

Mail check and/or registration to: _____

Please attach registration to this form.

PART VI - FUNDING

- ACCESS
- Athletic Dept.
- District

- Grant
- IDEA
- PDE

- Title I
- Title II
- Other _____

PART VII - ACTUAL TRAVEL REIMBURSEMENT WORKSHEET

Registration Fee	\$ _____	
Meals	\$ _____	
Parking	\$ _____	
Lodging	\$ _____	
Mileage (current rate)	\$ _____	= $\frac{\quad}{\text{(Miles times Rate)}} \times \quad$
Airfare	\$ _____	
Toll Fees	\$ _____	
Cab/Trolley Fare	\$ _____	
Transportation	\$ _____	
Other	\$ _____	
TOTAL	\$ _____	

Guidelines:

- * If there is a pre-approved amount listed employee will only be reimbursed up to that amount. (Applies to Board Agenda)
- * The District will reimburse actual travel costs. Receipts must be attached. The District will reimburse mileage & meals at the applicable IRS rate. Please note that mileage is based on distance from school to destination, not from an individual's home to destination.
- * Submit a summary report within five (5) days of return to the **Assistant Superintendent**.
- * Submit this worksheet within five (5) days of return to the **Assistant Superintendent** for reimbursement approval.
- * This form is for one individual only.
- * Reimbursement may be made for pre-approved registration fees. Please submit a copy of cancelled checks (front and back).
- * Once the approval is made a copy will be sent to the requestor.

I certify that I have not included expenses that are prohibited and the expenses listed above were made by me on behalf of the Elizabeth Forward School District.

Employee Signature _____

Assistant Superintendent approval for reimbursement _____

Date _____