



ELIZABETH FORWARD School District

401 Rock Run Road, Elizabeth, PA 15037
Dr. Todd Keruskin, 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 Aesop, 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)	\$ _____	= $\frac{\text{_____}}{\text{(Miles times Rate)}}$
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 _____