

New Canaan Public Schools
Reimbursement Request - Professional Conference
2019

Requested by: _____ School: _____ Date: _____
 Conference: _____
 Date(s): _____ Location: _____

Request for Professional Development Funds: Teachers should work directly with their school principal or program director to determine appropriate funding sources prior to registering for a conference. The principal or program director will return this form to you with pre-approvals. Once you have completed the activity, please fill in the top portion of Side B and forward to the school principal or program director. **Excluding Mileage and Meals, receipts must be attached before a reimbursement payment is made.**

<u>Side A - Estimated Costs</u>	<u>Side B - Actual Costs</u>
Registration Cost \$ _____	Registration Cost \$ _____
Transportation Cost:	Transportation Cost:
Mileage: ____ miles @ 0.58 \$ _____	Mileage: ____ miles @ 0.58 \$ _____
Tolls, Parking, Cabs \$ _____	Tolls, Parking, Cabs \$ _____
Plane () Train () \$ _____	Plane () Train () \$ _____
Lodging for () days \$ _____	Lodging for () days \$ _____
Total Food - only for meals purchased \$ _____	Total Food - only for meals purchased \$ _____
Breakfast for () days @ \$16 = \$ _____	Breakfast for () days @ \$16 = \$ _____
Lunch for () days @ \$17 = \$ _____	Lunch for () days @ \$17 = \$ _____
Dinner for () days @ \$28 = \$ _____	Dinner for () days @ \$28 = \$ _____
Incidentals for () days @ \$5 = \$ _____	Incidentals for () days @ \$5 = \$ _____
OR	OR
Full day for () days @ \$66 = \$ _____	Full day for () days @ \$66 = \$ _____
Other Expenses (list) \$ _____	Other Expenses (list) \$ _____
TOTAL \$ _____	TOTAL \$ _____

To be completed by Principal or Program Director
 Funding Sources:
 \$ _____ Budget Code: _____
 \$ _____ Other Budget Codes: _____
 x _____ Date: _____
 Approved by: Principal and/or Program Director
 x _____ Date: _____
 Approved by: Assistant Superintendent

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