

SHAMOKIN AREA SCHOOL DISTRICT
EXPENSE/CONFERENCE ATTENDANCE REQUEST - ESTIMATE
RECEIPTS REQUIRED FOR EXPENSE PAYMENTS

DATE_____

Person(s) Requesting Attendance _____

Name of Conference _____

Place_____ Date_____

Dates Person(s) would be absent from work_____

Number of Substitute Teachers required_____

EXPENSES: Budget Code No. _____

Total Salary Expense for Substitute Teachers \$ _____

Lodging \$ _____

Meals _____

Registration _____

Other (Explain) _____

Total Mileage - Personal Vehicle _____ miles @ 70 cents _____

TOTAL ESTIMATED REIMBURSABLE EXPENSE \$ _____

TOTAL **ESTIMATED EXPENSES** FOR CONFERENCE \$ _____

*Total Mileage (School Van or Bus) _____

Recommended ____ Not Recommended ____ Principal/Supervisor_____

Date Filed_____ Superintendent _____

Recommended _____ Not Recommended _____

***NOTE: Please request school vehicle for a conference by calling 648-1833. If school vehicle is not available, personal vehicle may be utilized with prior approval for mileage reimbursement when submitting for final.**