

**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 @ 67 cents \_\_\_\_\_

TOTAL ESTIMATED REIMBURSABLE EXPENSE \$ \_\_\_\_\_

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

\*Total Mileage (School Van or Bus) \_\_\_\_\_

Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_ Principal/Supervisor \_\_\_\_\_

Date Filed \_\_\_\_\_ Superintendent \_\_\_\_\_

.....

**CONFERENCE REQUEST RETURN**  
**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 @ 67 cents \_\_\_\_\_

TOTAL ESTIMATED REIMBURSABLE EXPENSE \$ \_\_\_\_\_

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

\*Total Mileage (School Van or Bus) \_\_\_\_\_

Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_ Superintendent \_\_\_\_\_

**\*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.**