

COHOES CITY SCHOOL DISTRICT

Conference Form

3 section form

Authorization/Requisition/Reimbursement

Name _____ School _____ Grade/Dept _____ Date submitted _____

Conference _____

(Attach all conference announcement literature and conference registration material with this form)

Location of Conference _____ Date(s) of Conference _____

Is this a BOCES conference? YES or NO	Sub required? YES or NO	Date(s) substitute needed :
Are you already registered? YES or NO	Does vendor accept a PO? YES or NO	Registration deadline:

SECTION 1 - CONFERENCE AUTHORIZATION

Account code: _____	
Employee's signature: _____	Principals' approval: _____
Superintendent's approval: _____	Ass't Superintendent's approval: _____
Approval from your immediate supervisor and the Superintendent is needed for the Cohoes City School District to be financially responsible for the registration fee.	

SECTION 2 - CONFERENCE REQUISITION (Purchase Order Required)

Conference Registration \$ _____	Vendor: _____
Lodging \$ _____	Vendor: _____

SECTION 3 - CLAIM FOR REIMBURSEMENT

Estimated expenses (Reimbursement to Employee):		
Meals \$ _____	Travel \$ _____	Other \$ _____
Mileage _____ @ _____ Rate Per Mile = \$ _____		
(total miles driven)	<i>(attach a copy of MapQuest printout)</i>	
		TOTAL REIMBURSEMENT \$ _____
<i>Reimbursement for out of pocket expenses associated with this conference must be submitted to the Business Office and accompanied by a copy of this form and all receipts. This claim should not include any charges for alcoholic beverages or taxes from which this district is exempt.</i>		
_____ Employee Signature / Date	_____ Supervisor's Signature / Date	_____ Purchasing Agent Signature / Date

If pre-registration is desired/required this paperwork serves as the requisition to be submitted to initiate a purchase order and it must be received by the Business Office at least 15 working days prior to the registration deadline.

A conference report form (<http://www.cohoes.org/StaffOnly/Forms/ConferenceReportForm.pdf>) must be submitted back to the Superintendent's Office within 10 working days of return from the conference.

File: Employee
School
Superintendent

CHECK NUMBER _____

DATE _____