

Requests should be submitted two (2) weeks prior to the conference/program.

HUDSON CITY SCHOOL DISTRICT
 2016-17 CONFERENCE/PROGRAM REQUEST
 PLEASE PRINT

CSI Date returned:

* _____
 LAST NAME FIRST NAME FILING DATE

* _____
 Grade/Subject Area Building Conference Date

*PROGRAM TITLE _____

*LOCATION _____ CITY _____ STATE _____

*PROVIDER _____

CTLE APPROVED PROVIDER? Yes No N/A (circle one) HOURS _____

(Link to approved providers can be found on the HCSD website at <http://www.hudsoncityschooldistrict.com/employees/>)

*What do you hope to learn from this Conference/Program?

*How will learning outcomes be shared in Building/District?

*SUBSTITUTE NEEDED	YES:	NO:
IF SUB IS NEEDED -	DATE(S):	AM PM Full Day (circle one)
(A) REGISTRATION FEE		(A): \$
(B) ANTICIPATED MEALS		(B): \$
(C) TRAVEL MILES (printed directions required)	MILES:	(C) \$.535/MILE (Rate good until 12/31/17 Only): \$
(D) HOTEL	EACH DAY: \$	(D) TOTAL HOTEL: \$
		TOTAL (A-D): \$
BUDGET CODE: (Office Use)		PURCHASE ORDER #:

 Teacher Signature / Date

 Principal Approval / Date

 Director Approval (as needed) / Date

 Coordinator of School Improvement Approval / Date

• Please attach:

1. Copy of the conference literature
2. Copy of directions for all mileage (from home or school – closest point to conference). (if applicable)

**COMPLETE AFTER THE CONFERENCE
AND SUBMIT WITH THE ENTIRE ORIGINAL CONFERENCE REQUEST PACKET**

**HUDSON CITY SCHOOL DISTRICT
HUDSON, NEW YORK
2016-17 CONFERENCE CLAIM FORM**

CLAIMANT'S NAME AND MAILING ADDRESS (Please Print)

NAME _____

STREET _____

CITY/STATE/ZIP _____

PROGRAM/CONFERENCE INFORMATION (Please Print)

PROGRAM TITLE _____

LOCATION _____

DATE(S) CONFERENCE/PROGRAM _____

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL	CODE/PO#
	Registration Fee			
	Miles <i>(Printed directions must be attached to claim)</i>	Total Miles:	\$.535/Mi. (Rate good until 12/31/17 Only): \$	
	Meals			
	Hotel			
	Purchase			
GRAND TOTAL:				

***Please Attach the Complete Original Conference Request, MapQuest mileage (closest from point), Certificate of Completion, and ITEMIZED receipts (Listing of purchase and cost of each)**

Claimant's Signature / Date

Coordinator of School Improvement Signature/Date

Applicable Office Approval (as needed) / Date

Business Office Use Only

Purchasing Official Approval / Date

CONFERENCE REQUESTS
PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THE ATTACHED FORMS
INCOMPLETE REQUESTS WILL BE RETURNED TO APPLICANT

These forms must be completed for ALL Out of District Workshops, Trainings, Scorings, Meetings, and Visitations.

Conference/Program/Visitation Request

1.) Complete Conference/Program Request Form (Page 1); attach a copy of the **Conference Literature** and a copy of **directions** for all mileage. Mileage will be paid from school or employees' home (whichever point is closest to the conference). Due to budget constraints **only local conferences/workshops (within driving distance) will be approved.** No overnight or out of state conferences will be considered.

Please make sure you complete all applicable sections. These forms will be revised twice a year due to the change in approved rate per mile. Please keep in mind that the dollar amounts requested are "Anticipated Expenses" and may vary slightly.

2.) Submit to the Building Principal for approval.

3.) When approved, the principal will forward the request to the office that is funding the conference/program costs (e.g., Student Services) OR if no other office is involved, directly to the Coordinator of School Improvement (CSI).

4.) When approved by funding office, the request will be forwarded to the CSI.

5.) The CSI will return the original approved (or denied) request to the applicant.

PLEASE NOTE: The funding office or the CSI will open a Purchase Order for the registration fee. A copy of this will be attached and returned with the conference request form. You may need this in order to register for the conference.

*Please DO NOT change the original Conference Request Form after it is approved.

*All staff should plan to carpool whenever possible.

Conference/Program Reimbursement

1.) **AFTER THE CONFERENCE** - Complete the **Conference Claim Form** (see attached)

2.) ***Please submit the following to the appropriate funding office (e.g., Student Services) or to the Coordinator of School Improvement for approval within 10 days following the conference:***

a. **Conference Claim Form**

b. **Certificate of Completion**

c. **Original Conference Request**

Please make sure you attach **original Itemized receipts (Listing of purchase and cost of each).

MapQuest mileage form must be attached when submitting mileage claims.

There will be a deadline in June to submit claims. Any claim received after the deadline date will be refused.

Important Reminders:

• **DO NOT register for any Conference/Workshop until you have the approval from the Coordinator of School Improvement.**

Participants registering in My Learning Plan must also complete these forms in addition to and prior to the MLP forms.

• Conference Requests must be received by the Coordinator of School Improvement (CSI) at least **2 weeks** prior to the event. Late requests may be denied.

• **Registration is the responsibility of the individual seeking to attend the conference, if in doubt, call Theresa @ Ext. 2134.**

• Staff is required to complete all cost estimations on the Conference Request Form. Incomplete forms will be returned.

• Conference Claims Forms should be submitted for expenses **AFTER** the event. Please keep in mind that all receipts must be itemized and that the district cannot reimburse for sales tax or alcohol.

• Reimbursements **will not** be issued prior to completion of conference/program, please submit the Conference Claim Form within **10 days** following the conference.

• Participants who fail to cancel a conference/workshop registration will be responsible for payment of any fees incurred for the event.

• **It is your responsibility to request a substitute if one is required.**

Your cooperation is very much appreciated!