

PO# \_\_\_\_\_

**CUYAHOGA HEIGHTS BOARD OF EDUCATION  
APPLICATION FOR ATTENDANCE AT A PROFESSIONAL CONFERENCE**

Name \_\_\_\_\_ Dates of Conference \_\_\_\_\_

Name of Conference \_\_\_\_\_ Location \_\_\_\_\_

Why are you interested in attending this conference?

**ESTIMATE OF EXPENSES**

* Mileage _____ miles @ IRS rate .58 as of 1/1/2019 .....	\$ _____
* Parking .....	\$ _____
* Lodging (attach confirmation number/hotel contact info).....	\$ _____
* Registration (attach registration materials) .....	\$ _____
* Meals .....	\$ _____
* Transportation Fares .....	\$ _____
* Other (Itemize) _____	\$ _____
<b>TOTAL:</b>	\$ _____

*I understand, that if I do not attend the above conference, I will reimburse all prepayments to the Board of Education*

\_\_\_\_\_  
Signature of Assistant Superintendent      Date  
Title IIA \_\_\_\_\_ No Grant \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal or Supervisor      Date

\_\_\_\_\_  
Signature of Employee      Date

- \*This form must be filled out for all professional conferences INSTEAD of the standard requisition form.
- \*Fill out all possible expenses. If an expense is not listed on the application, it is not reimbursable.
- \*Submit the application to the Assistant Superintendent to see if the conference can be covered by a grant.
- \*Once you receive a Purchase Order, contact the Treasurer's Department to discuss registration and lodging arrangements/payment.
- \*For expense reimbursement for this Professional Conference, fill out the form on the back of this application.
- \*Submit original, itemized receipts for reimbursement, neatly taped to a standard 8 1/2 x 11 sheet of paper.
- \*Gratuities on meals exceeding 15% before tax will not be reimbursed.

Account Code: \_\_\_\_\_

**CUYAHOGA HEIGHTS BOARD OF EDUCATION  
PROFESSIONAL CONFERENCE EXPENSE FORM**

PO:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Conference Dates: \_\_\_\_\_

**MILEAGE**

Date	Location	Purpose	Miles	<u>Pay to Employee</u>
<b>Total Miles x .58 (rate as of 1/1/19)=</b>				

**MEALS**

Date	Location	Breakfast/Lunch, etc.	Meal Cost	<u>Pay to Employee</u>
<b>Total Meal Costs=</b>				

**OTHER EXPENSES (HOTEL/REGISTRATION, ETC)**

Date	Description	Vendor Name	Cost	<u>Pay to Employee</u>	<u>Pay to Other Vendor</u>
<b>Total Other Costs =</b>					

	<u>Pay to Employee</u>	<u>Pay to Other Vendor</u>
<b>Grand Total each column =</b>		
<b>Conference Total (add both columns) =</b>		

- \* Submit original, itemized receipts. Please attach them neatly to an 8 1/2 x 11 piece of paper
- \* List each receipt/expense on a separate line
- \* Mapquest must be attached for mileage. Use the school address

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Asst. Supt. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal/A.D. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Superintendent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Administrators, please review the reverse side of this form for pre-approved expenses and amounts before signing\**