Sayre Area School District
333 West Lockhart Street
Sayre, PA 18840

Conference Request

Expenses will be reimbursed with approved Conference Request Forms. The anticipated expenses should be listed below and this form must be in the Superintendent's office five (5) days before the next School Board Meeting. Any exceptions to the above process must be explained in writing and approved by the Superintendent.

Date: _____

Employee Name: _____

Conference Title: _____

Location of Conference: _____Hotel Name (if requested): _____

Date(s) of Conference: _____Hotel address _____

Objective of Conference: _____

Substitute needed: ☐ Yes ☐ No

Estimated Expenses:

Registration Fee:	$_____
Lodging:	$_____
Meals:	$_____

** Maximum allotment for food & drinks (excluding alcohol)
Breakfast $10.00
Lunch $15.00
Dinner $25.00

Substitute Costs	$_____

** multiply # of days for totals at $132.40 per day for teachers and $11.92 for paraprofessionals per hour.

Other	$_____

** parking fees, turnpike fees, etc.

TOTAL	$_____

	Approved	Denied
Supervisor Signature: _____Date: _____	☐	☐
Superintendent Signature: _____Date: _____	☐	☐

HOME OF THE REDSKINS

Revised: 11/2019

Office use only:
_____ Board Approved
_____ Denial
_____ Building Secretary *(Substitute requested)*
_____ Admin Sec. *(lodging/registration)*