ELMIRA CITY SCHOOL DISTRICT
TRAVEL/CONFERENCE/WORKSHOP REQUEST
(A copy of event program/letter must be attached)

Name _____ Bldg. _____ Assignment _____

Name of Conference/Workshop _____

Location of Conference/Workshop _____ Date of Conference/Workshop _____

Purpose of Event _____

_____

_____

Explain how you will share this experience with colleagues:

[___] Written Report   [___] Presentation   [___] Turnkey Training   [___] Other (explain) _____

DIRECTIONS

This form must be **APPROVED** at least **TWO WEEKS PRIOR** to conference/workshop date. If more than one attending from same school, please submit all requests at the same time.

ALL ARRANGEMENTS ARE THE RESPONSIBILITY OF THE PERSON MAKING THIS REQUEST.

Backup for hotel, registration, etc. must be attached to 5570F for a purchase order to be approved for payment.

Upon return from travel/conference/workshop, **TO RECEIVE REIMBURSEMENT**, you **MUST** complete Form 5570F.1 and **submit DETAILED receipts for all expenditures of $10 and greater. For expenditures under $10, receipts must be submitted with or without itemization.**

SIGNATURE: Sign below to indicate you have read all instructions and requirements, and understand you will not be reimbursed if required documentation is not provided upon return.

Signature: _____

Date: _____

For ETA Only: I have requested or received (circle one) approval for in-service credit with an Appendix M form.

Name of Hotel _____

Date(s) _____

# of Nights _____

If sharing a room, list name _____

Confirmation # if known _____

Rate per night** _____ **TOTAL FOR HOTEL $_____**
(**Up to the maximum federal per diem rate is reimbursable.)

Have you registered? Y or N **REGISTRATION FEE $** $_____

Meals, to be estimated at maximum federal per diem rate, but reimbursed at actual cost up to the maximum federally established rates
        TOTAL FOR MEALS $_____

Driving own car? Y or N (Reimbursable ONLY if District vehicle denied)
# of total roundtrip miles_____ x federal rate in effect as of date(s) of travel of $_____ = $_____
Carpooling with _____
Air Transportation $_____
Car Rental $_____

TOTAL FOR TRANSPORTATION $_____

TOTAL ESTIMATED TRAVEL EXPENSES $_____

AUTHORIZATION: Principal _____   Date _____

Superintendent or Designee _____   Date _____

Conference Report Required? Yes _____ No _____ (Submit within 10 days of return to Superintendent)

BUDGET CODE (PRINCIPAL MUST ASSIGN):
(If grant funded, District Administrator must assign Budget code)

_____

PURCHASE ORDERS ISSUED:

Employee _____ Registration _____
Hotel _____ Travel _____

An electronic copy of approved requests will be forwarded to the Employee, Building Principal, Building Secretary, Purchasing, and Human Resources if Appendix M is circled above.

Revised
10/27/2016

CLAIM FORM FOR TRAVEL AND CONFERENCE EXPENSES

Upon return from travel/conference/workshop, submit the following documents to Accounts Payable for reimbursement: Claim form (5570F.1), a copy of your approved Travel/Conference/Workshop request (5570), and the signed green copy of the purchase order which was issued to you.

THE DISTRICT WILL REIMBURSE CONFERENCE EXPENSES AS FOLLOWS:

REGISTRATION FEE: Cannot include dues for an organization.

ACCOMMODATIONS: Lodging will be reimbursed at actual cost, up to the maximum federally established rate.

MEALS: Meal expenses will be reimbursed at actual cost, up to the maximum federally established rates (*see* www.gsa.gov). Meal expenses incurred on the first or last day of travel will be reimbursed using the per meal rates. Meal expenses incurred on days of travel other than first and last will be reimbursed using the per day rates. Under no circumstances will purchases of alcohol be reimbursed. Tax will not be reimbursed.

TRANSPORTATION: A District vehicle must be requested from the Director of Transportation for travel by automobile outside the District. Only upon presenting written proof of denial of the use of a District vehicle to Accounts Payable will mileage be reimbursed. When driving or riding with other staff members, please indicate name(s) of person(s) sharing car pool. Mileage rates are set annually by the IRS. Check with the Business Office for the rate in effect on the date(s) of travel. Where transportation is provided other than by use of a District or personal automobile, transportation will be reimbursed at actual cost, provided that the least-cost method is used.

INCIDENTALS: Incidental expenses such as copying, faxing, internet access, or telephone calls will be reimbursed at actual cost.

*Where meals, lodging, transportation, or other expenses are included as part of a conference, lodging, or other fee paid by the District, no reimbursement will be made unless it is established that circumstances reasonably prevented use of the included services.

CLAIM FORM FOR TRAVEL AND CONFERENCE EXPENSES

NAME_____   SCHOOL_____

**EXPENSES ARE ELIGIBLE FOR REIMBURSEMENT ONLY IF NO PURCHASE ORDER WAS ISSUED FOR DIRECT PAYMENT FOR ONE OR MORE CATEGORIES, AND UP TO APPLICABLE FEDERAL MAXIMUM RATES.

REGISTRATION FEE   REGISTRATION $_____

HOTEL CHARGES

Date(s) of stay _____   Charge per night $_____ x # _____   HOTEL CHARGES $_____

MEALS: Day 1: $_____   Day 2: $_____   Day 3: $_____   Day 4: $_____

TOTAL MEALS COST $_____

TRANSPORTATION: DROVE OWN CAR _____   (ONLY if District vehicle request was denied, attach denial)

TOTAL MILES _____ @ _____ = $_____

OTHER TRANSPORTATION:

Type: _____   Cost: $_____

TOTAL OTHER TRANSPORTATION COSTS: $_____

INCIDENTAL EXPENSES

Type: _____   Cost: $_____

TOTAL INCIDENTAL EXPENSES: $_____

By signing below, I indicate that I have read this form in its entirety and fully understand its provisions. I am also in agreement that the information submitted above is accurate.

_____   TOTAL EXPENSES CLAIMED FOR REIMBURSEMENT: $_____
Your Signature

Revised
10/27/2016