



ACT 48 CONTINUING PROFESSIONAL DEVELOPMENT
CONFERENCE REQUEST FORM

DATE: _____
Date of Submission

TO: Professional Programs Approval Committee:
Members: Paul Brennan, Joseph Moceyunas, David Walsh, Scott Pentasuglio, Mike Cole, and
Nicole VanLuvender.

(The approval committee will work with our board committee and value the input of multiple stakeholders)

FROM: _____ PPID#: _____
Employee's Full Name

SUBJECT: Name of Conference* _____

Provider(s) _____

Date(s) _____

Location _____

Please List Costs:

You will NOT get reimbursed for anything without proper receipts/proof (NO EXCEPTIONS!)

2270-810

Registration: _____

2270-580

Lodging: _____

2270-580

Meal (s): _____ (enter ZERO if at NEIU or local) **

2270-580

Travel (tolls, etc.) _____ ***

2270-581

Mileage (\$.535 mile) _____ ****

2270-590

Miscellaneous: _____

Will a Substitute Teacher Be Needed For You? Yes No
2270-100 Add in Substitute Cost to the Total: (\$80/Day) _____

LIST TOTAL COSTS: _____

-----<Do Not Write Below>-----

Note: *A copy of the Conference Agenda or Description must be attached with the primary contact person listed. **Meal reimbursement will not be reimbursed for NEIU, LIU, or local conferences. If seeking reimbursement, you must have an itemized receipt. *** A receipt with date/time is required for reimbursement. ****A printed MapQuest is required for mileage reimbursement.

Principal/Director

Conference Approved: _____ Disapproved: _____ Date: _____

Superintendent

TOTAL COSTS APPROVED: _____ Disapproved: _____ Date: _____

TOTAL APPROVED COSTS: \$ _____

You have been approved for the following amount of reimbursement. Attending the conference is confirmation that you agree with the amount of reimbursement listed above as "TOTAL APPROVED COSTS." Please do not register for anything until you are approved with ALL of the appropriate signatures on this form. Thank you!

Revised: 01/2016

SEE REVERSE FOR BUSINESS OFFICE INSTRUCTIONS

BUSINESS OFFICE INSTRUCTIONS: (please print clearly)

IS A CHECK NEEDED FOR Registration, Hotel, etc.

☐

YES

☐

NO

IF YES, by what Date:

(minimum of 10 business days needed to process check)

IF YES, What Amount:

IF YES, Make Check Payable to:

MAIL CHECK TO THE FOLLOWING ADDRESS:

(OR)

RETURN CHECK TO:

ISSUE PURCHASE ORDER:

☐

YES

☐

NO

If you checked the yes box for a purchase order, you should proceed via normal channels to have your purchase order completed via the office in the building you are located.

ANY OTHER INSTRUCTIONS: (please define)

***Meals reimbursement maximum (with detailed receipt only): Breakfast \$10; Lunch \$10; Dinner \$15**

***Meal reimbursement is not provided for NEIU or local conferences**

Lodging reimbursement maximum (with detailed receipt only): \$100 per stay, 50 miles or more from District.

American Plan or similar package may be approved for overall increase to amounts.

Revised 01/2016