



Lakeland School District
 1355 Lakeland Drive
 Scott Township, PA 18433
 Telephone: 570-254-9485
 Fax: 570-254-6730

Conference/Workshop Pre-Approval Form

All employees must request conference approval through their direct supervisor. Please complete this request form and submit it to your supervisor for approval.

If approval is granted, a request for reimbursement form will be provided. Following the conference, the completed form will be submitted to the business office for payment. **All receipts, invoices, etc. must be included for reimbursement.** A "Conference/Workshop" Evaluation form must also be submitted within two weeks of the conclusion of the conference/workshop.

1. Staff Member: _____ Date: _____
2. Name and date(s) of conference: _____

3. Place where conference will be held: _____
4. Value in attending: _____

5. Cost	Estimated	Actual	FOR OFFICE USE ONLY
• Substitute Costs (_____ days × Daily Rate)	\$ _____	\$ _____	
• Travel			
○ _____ miles × IRS Rate)	\$ _____	\$ _____	
○ Flight	\$ _____	\$ _____	
• Meals (\$10/\$20/\$30)	\$ _____	\$ _____	
• Lodging (_____ days × \$ _____/day)	\$ _____	\$ _____	
• Registration & other fees.	\$ _____	\$ _____	
TOTAL	\$ _____	\$ _____	

6. Name and date of last conference attended at District expense: _____

I verify the information presented above in relation to this conference is accurate and expenses are correct.

	_____ Attendee Signature	_____ Date
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____ Principal/Supervisor	_____ Date
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____ Business Manager	_____ Date
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____ Superintendent	_____ Date