

FRANKLIN LAKES PUBLIC SCHOOLS PROFESSIONAL TRIPS AND CONFERENCES



SIDE 1: FOR APPROVAL

Requester: _____
Name Position School Submission Date

Conference/Workshop: _____

_____ _____
Title Date

_____ _____
Vendor/Sponsor Location

- | | |
|--|--|
| <input type="checkbox"/> In professional development plan | Substitute needed? <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Recommended by my principal/supervisor | |
| <input type="checkbox"/> Related to District objectives | |
| <input type="checkbox"/> To maintain licensure other than that required for position | SS staff member? <input type="checkbox"/> Y <input type="checkbox"/> N |

Expenses:

Estimated

Round-trip personal car mileage * (see below)	\$ _____
Parking/Tolls	\$ _____
Cab/Train/Bus	\$ _____
<i>Out-of-State or</i> Lodging	\$ _____
<i>In State with NJ DOE waiver</i> Airfare	\$ _____
<i>(up to GSA maximum)</i> Meals & Incidentals	\$ _____
Subtotal (to be reimbursed)	\$ _____
Registration fee	\$ _____
TOTAL EXPENSES	\$ _____

Approvals:

_____ Supervisor	_____ Date	_____ Business Administrator	_____ Date
_____ Principal	_____ Date	_____ Director, Curriculum & Instruction	_____ Date
_____ Superintendent	_____ Date	Board of Education Meeting:	_____ Date

Attachments:

*** Mileage Calculation**

- | | |
|---|---|
| <input type="checkbox"/> Course/workshop literature | Mileage round trip from home to workshop _____ |
| <input type="checkbox"/> Completed registration form (i.e. filled in) | less mileage round trip home to work - _____ |
| <input type="checkbox"/> Mileage backup (Google Maps or Mapquest) | equals Trip Mileage = _____ |
| <input type="checkbox"/> NJ DOE waiver letter | multiplied by current mileage rate x <u>.31</u> |
| | equals Round Trip Personal Car Mileage = _____ |

Distribution of approved form: Requester Building Ppl. SS Curriculum & Instruction A/P File

FRANKLIN LAKES PUBLIC SCHOOLS
PROFESSIONAL TRIPS AND CONFERENCES
Side 2 : REPORT ACTUAL EXPENSES FOR REIMBURSEMENT



Requester: _____
Name Position School

Conference/Workshop: _____

Title Date

Expenses:	<u>Actual</u>
Round-trip personal car mileage* (see below)	\$ _____
Parking/Tolls	\$ _____
Cab/Train/Bus	\$ _____
Out-of-State or Lodging	\$ _____
In State with NJ DOE waiver Airfare	\$ _____
(up to GSA maximum) Meals & Incidentals	\$ _____
TOTAL (to be reimbursed)	\$ _____

Attachments:

- Receipts
- Self-written, 1 paragraph PD experience summary
- Other _____

*** Mileage Calculation**

Mileage round trip from home to workshop _____
 less mileage round trip home to work - _____
Equals Trip Mileage = _____
 multiplied by current mileage rate x .31
 Equals Round Trip Personal Car Mileage = _____

Certification:

My signature certifies that this travel is in compliance with the Board of Education's bylaw provisions and approval requirements as per Policy 9250.

 Staff Member Date

Approval:

 Business Administrator Date

Distribution of approved form: Accounts Payable