Saranac Central School District Conference Request Form

Instructions: Please complete employee section, attach supporting documentation, and submit to your Building Principal or the District Business Official (Transportation, Maintenance, and Food Service) at least 7 days prior to the conference. Failure to complete this form could result in the request being returned to you for further action or as being denied.

| Print Name: | [| Building: |
|---|--|---|
| Name/Description of Confe | rence: | |
| Date(s) Of Conference | | Location: |
| Substitute Required: 🗖 Yes | If Yes Half Da | ay 🗖 Full Day 🗖 |
| ☐ No | | |
| Registration: \$ | 🗖 Registration ha | s been submitted to: |
| | ☐ Registration | n has not been submitted |
| | ☐ I will registe | er for this conference upon approval of my request. |
| | ☐ For CVES C | onference: Register through Wincap |
| Lodging: \$ Per N | light. Hotel:_ | |
| | | s: |
| Date of Arrival: | _ Date of Departu | re: Total nights to be reserved: |
| □ No Reimbursement (Per□ Using Personal Vehicle: | | Estimated cost for Mileage reimbursement: |
| | | |
| Meals: \$ conference exceeds 100 mi | (Reimbursement for moles. Employees MUST obtorovided by conference/m | eals is based on per diem: \$10/lunch or \$30/day when ain detailed receipts for meals. Meal allowed will NOT be given if eeting. Alcoholic beverages are NOT reimbursable. |
| Employee Signature: | | Date: |
| Administrator/Super | | Budget Code: |
| □Approve □Denied | | |
| | Date | Administrator/Supervisor's Signature |
| □Approve □Denied | | |
| | Date | Superintendent's Signature |