

PYMATUNING VALLEY LOCAL SCHOOLS

5571 Rt. 6 W., Box 1180, Andover, OH 44003

**APPLICATION FOR PROFESSIONAL CONFERENCES, SCHOOL BUSINESS, AND REIMBURSEMENT VOUCHER:
PLEASE COMPLETE THIS SECTION BEFORE ATTENDING CONFERENCE**

Name _____ Building _____

Name of Conference/Meeting/Activity _____

Is this a (check one) _____ Professional Development Conference _____ School Business Meeting?

Location of Conference _____ Date(s) of Your Attendance _____

Date(s) of absence from school sessions _____

Is a substitute required ? _____ Which dates? _____ Total # of Days _____

ESTIMATED EXPENSES (Be specific):

Reimbursement will require all necessary receipts--for lodging for over-night stay as well as meals and registrations.	Mileage: _____ miles	@\$0.58 cents per mile, if applicable	\$ _____
	Per Night Rate: Number of Applicable Nights _____ (Must be an overnight Trip)	@ UP TO \$75.00 per night	\$ _____
	Meal Rate: Number of Applicable Days _____ only for meals not part of registration fees	@ UP TO \$27.00 per day	\$ _____
	Registration Fee: if applicable	To be paid before event ? ___Y___N; or staff member will pay and bill PVBOE ___Y___N	\$ _____

Why are you interested in attending this conference/meeting? _____

Employee Signature	Approved: _____ Principal or Supervisor
Application Date	_____ Superintendent
	_____ Approval Date

EXPENSE VOUCHER-MUST CORRESPOND WITH WHAT HAS BEEN APPROVED ABOVE:

COMPLETE THIS SECTION AND RETURN ENTIRE FORM AND RECEIPTS TO SUPERINTENDENT'S OFFICE WITHIN 2 WORK DAYS OF YOUR RETURN.

Receipts for all lodging, meals and registration fees must be attached to this form.	Mileage: _____ miles @ \$0.58 cents per mile	\$ _____
	Per Night: _____ nights @ UP TO \$75.00 per night (only on an overnight trip)	\$ _____
	Meal reimbursement (not to exceed \$27.00 daily)	\$ _____
	Registration Fee:	\$ _____
	Total	\$ _____

Employee Signature
Date

Approved: _____
Superintendent or Treasurer

PLEASE TAKE A MOMENT TO COMPLETE ATTACHED EVALUATION OF EVENT AND RETURN WITH EXPENSE VOUCHER. THANK YOU.

EMPLOYEE EVALUATION OF PROFESSIONAL DEVELOPMENT CONFERENCE/SCHOOL MEETING

Name of Conference: _____

How will this conference be beneficial? _____

How will the information and knowledge gained influence daily instruction? _____

Do you think it would be beneficial for the Principal/Supervisor to share this information with other staff members? _____

Attending Employee Signature

Date

Thank you for your insight and assistance in evaluating this event.