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 <u>BEFORE</u> ATTENDING CONFERENCE

Name			Building	
Name of Conferer	nce/Meeting/Activity			
Is this a (check one)		Professional Development Conference	School Busin	ess Meeting?
Location of Conference			tendance	
		· ·		
Is a substitute required ?		Which dates?	Total # of Days	
ESTIMATED EXPENSES (Be specific): Mileage:		miles	@\$0.655 cents per mile, if applicable \$	
Reimburse- ment will require all necessary receiptsfor	Per Night Rate:	Number of Applicable Nights (Must be an overnight Trip)	@ UP TO \$100.00 per night	\$
lodging for over-night stay as well as meals and	Meal Rate: only for meals not part of reg- istration fees	Number of Applicable Days	@ UP TO \$27.00 per day	\$
registrations.	Registration Fee : if applicable	To be paid before event ?Y! will pay and bill PVBOEY	N; or staff member _N	\$
	ee Signature		proved:Principal or Supervisor	
Application Date			Superintendent	
		_	Approval Date	
	IIS SECTION AND RETUR	SPOND WITH WHAT HAS I	BEEN APPROVED ABOVE: PTS TO SUPERINTENDENT'S OFFI	CE WITHIN 2 WORK
Receipts for all lodging, meals and registration fees must be attached to this form.	Mileage:miles @\$0.655 cents per mile Per Night:nights @ UP TO \$100.00 per night (only on an overnight trip) Meal reimbursement (not to exceed \$27.00 daily) Registration Fee:		le (only on an overnight trip) Tota	\$ \$ \$ al \$
	Employee Signa	ature	Date	
		Approved:		
		Approved.	Superintendent or Treasurer	

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