

Distribution:
Supv./Dept. Ch. _____
Principal _____
Applicant _____
Superintendent _____
Business Office _____

BOYERTOWN AREA SCHOOL DISTRICT
Boyertown, Pennsylvania 19512

REQUEST TO ATTEND A MEETING

Date of Submission

Print Applicant's Name

School and/or Department

Applicant's Signature

MEETING INFORMATION

I hereby make a request to attend the following meeting:

Name/title of meeting..... _____

Name of Sponsoring Organization(s).... _____

Location of Meeting _____

Date(s) of meeting..... _____

My attendance will necessitate a substitute on the following day(s) _____

Full Day	Half Day	AM	PM
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My attendance will contribute to my professional development in the following way:

ESTIMATED EXPENDITURES

My estimated expenditures to attend this meeting are:

Registration \$ _____ Transportation \$ _____ Room \$ _____ Meals \$ _____ Other \$ _____ = Total \$ _____

Note: If actual expenditures exceed the estimated expenditures by more than 10%, a written explanation indicating why the overage occurred must accompany the request for reimbursement.

REGISTRATION PROCEDURE

Please check one:

_____ I will register for the meeting and pay all expenses

_____ More than 45 days remain until the meeting and my completed registration form is attached. The District will pre-pay the registration cost. I will register and pay all other expenses.

NOTE: Within 30 days of the meeting a written report of the meeting must be submitted with a Personal Expense Voucher and receipts for all expenditures for which reimbursement is being requested. If any component is missing, reimbursement cannot be made.

The Purchase order number, vendor number, and ASN must appear on the Personal Expense Voucher when submitted.

-----**AUTHORIZATION/DENIAL**-----

Recommended by _____ Date _____
Supv. /Dept. Ch. (where appropriate)

Building Principal* _____ Date _____
Signature denotes that sufficient funds are budgeted for this expenditure. *Application of principal/supervisor requires Assistant Superintendent's signature.

Superintendent _____ Approved _____ Not Approved _____ Date _____

ASN No. _____ Vendor No _____ Purchase Order No. _____

It is the responsibility of the Building Principal or approving cabinet member to assign the correct ASN No. The Business Office will assign the vendor number and purchase order number.