

# Hartford Public Schools

## Application for Conference Attendance

Fill in information below and return form to principal's office so the request can be forwarded to the superintendent's office at least seven days prior to the conference. When approval has been granted, the teacher is expected to follow the normal procedure for obtaining a substitute.

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

School \_\_\_\_\_

Conference Name \_\_\_\_\_

Conference Dates \_\_\_\_\_ Time of Day \_\_\_\_\_

Location \_\_\_\_\_ Miles \_\_\_\_\_

Will a substitute teacher be required? Yes \_\_\_\_\_ No \_\_\_\_\_ How many days \_\_\_\_\_

Anticipated Expenses:

Mileage \$ \_\_\_\_\_

Registration \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Anticipated Expenses \$ \_\_\_\_\_

Are you a member of the organization sponsoring the conference? Yes \_\_\_\_\_ No \_\_\_\_\_

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### Recommendation of the Building Principal:

Approve \_\_\_\_\_ Deny \_\_\_\_\_

Is this conference paid for by a grant or special program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the name of the program \_\_\_\_\_

If yes, sign and forward to the Federal Programs Director.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Recommendation of the Federal Programs Director:

Qualified conference Yes \_\_\_\_\_ No \_\_\_\_\_ Account No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Recommendation of the Superintendent:

Approve \_\_\_\_\_ Deny \_\_\_\_\_

Maximum dollar amount approved for conference \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Reimbursement will be made for actual expenses incurred up to the dollar amount approved. No reimbursements will be made without receipts for actual expenditures. Turn these in along with an Expense Report and the yellow copy of this form. See your building principal for additional information.