

# Katonah-Lewisboro School District Conference/Travel Request Form

## Instructions

### **Prior to registering for a non-BOCES conference:**

- Submit this completed form along with a conference brochure to building principal for approval. Upon approval building secretary will enter a requisition in Finance Manager to open a purchase order. *Once P.O. is opened, you may register for the conference.*
- A request to attend a non-BOCES workshop should also be submitted in MyLearningPlan. Use the "Conference Request – Non-BOCES" form found under 'Fill-In Forms' in MLP.

### **BOCES Workshop Registration:**

*BOCES workshop registration and approval is done solely through MLP. This form should be completed only if you are requesting reimbursement for mileage associated with a BOCES workshop and you do not already have a P.O. open for mileage.*

### **For reimbursement of approved expenses, the following must be submitted to building secretary upon completion of workshop/conference:**

- Claim for Mileage Travel and Miscellaneous Expenses Form
- Original itemized receipts for all approved expenses
- MapQuest (for mileage), if applicable
- Certificate of Attendance

*Building secretary will submit to the Business Office all of the above along with:*

- *Copy of P.O.*
- *2<sup>nd</sup> copy of Certificate of Attendance to Jeane Stein so final approval can be given in MLP.*

Date: \_\_\_\_\_

Staff Member's Name: \_\_\_\_\_

Building: \_\_\_\_\_

Event Name/Location: \_\_\_\_\_

Event Date: \_\_\_\_\_

Rationale for Request:

(Connection to assignment and/or District Goals)

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### **Check One:**

- ☐ BOCES Workshop/Conference\*
- ☐ Non-BOCES Workshop/Conference\*\*

**\*BOCES workshop registration and approval process is done solely through MLP:** A purchase order is NOT required to register. **This form should be completed ONLY** if you are opening a purchase order for reimbursement of expenses associated with attending a BOCES workshop (i.e. mileage), and you do not already have a P.O. open for mileage.

**\*\*For a Non-BOCES workshop:** It is the attendee's responsibility to determine whether the conference and/or hotel (if applicable) will accept a purchase order as payment. Please provide vendor information on the following page for each vendor that will accept a P.O. If vendor(s) will not accept a P.O., a P.O. will be opened in attendee's name for reimbursement of registration/expenses.

**P.O. must be opened before any expenses are incurred!**

**Katonah-Lewisboro School District  
Conference/Travel Request Form**

**Estimated Expenses:** Registration \_\_\_\_\_  
Travel/Mileage \_\_\_\_\_  
Lodging \_\_\_\_\_  
Meals \_\_\_\_\_

Total Estimated Cost: \_\_\_\_\_

**NOTE regarding reimbursement of NYS sales tax:** The District's exemption from New York state sales tax is not applicable to purchases made using a personal check or credit card. Please be aware that NYS sales tax paid using these methods of payment cannot be reimbursed.

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**Building Approval for Use of Staff Development Funds and/or building mileage funds:**

☐ Approved ☐ Disapproved

Approved Amount: \_\_\_\_\_ Budget Code: \_\_\_\_\_

\_\_\_\_\_  
Bldg. SD Committee Approval      Principal Approval      Date  
**(Reimbursement is not guaranteed for registrations completed before approval is received)**

**District Approval for Use of District-Wide Travel/Conference Funds (instead of, or in addition to, building SD funds):**

☐ Approved ☐ Disapproved

Approved Amount: \_\_\_\_\_ Budget Code: \_\_\_\_\_

\_\_\_\_\_  
Assistant Superintendent      Date

**(Reimbursement is not guaranteed for registrations completed before approval is received)**

**Provide the following information for each vendor that will accept a P.O. for payment:**

(If vendor is not already in Finance Manager, building secretary should coordinate with Business Office Staff to have it added so that requisition can be entered).

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor Phone: \_\_\_\_\_ Vendor Fax: \_\_\_\_\_

(Use back of form for additional vendors)

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**Business Office Use:**

\_\_\_\_\_  
Purchasing Agent      P.O.#      Date