

**HEMPSTEAD PUBLIC SHOOOL
APPLICATION FOR PERMISSON TO ATTEND
CONFERENCE OR WORKSHOP**

TO: **SUPERINTENDENT OF SCHOOLS**

DATE: _____

The undersigned, (Name) _____

Position/Title: _____

Building: _____ (hereby requests permission to attend a conference or workshop)

Conference Name: _____

Conference Date (s) _____ Number of Days: _____

Location of Conference: _____

During this school year I have attended _____ conferences for a combined cost of \$ _____

How will the school district benefit from your attendance? _____

Identify the district's and/or school's goals and objectives that this conference addresses _____

Is this conference a Board of Education expense? Yes _____ No _____

If (yes) list below ALL costs you anticipate whether expenses will be reimbursed on a CLAIM form or PAID on PURCHASE ORDER (attach necessary requisitions)

Expense Type	Cost	Claim ()	PO# ()
Registration Fee			
Meals			
Overnight Accommodations			
Transportation Air Fare: _____ Taxi: _____ Car: _____			
Other (Specify)			

TOTAL: _____

NOTE: Reimbursement is limited to approved dollar amount on this form and must be submitted with itemized bills. NY taxes will not be reimbursed. Carry tax exempt form.

Submitted by: _____ Date: _____

Approval (is) (is not) recommended _____ Date: _____

Approval (is) (is not) recommended _____ Date: _____

Approval is hereby _____ granted _____ not granted _____ Date: _____

Superintendent of Schools

Approval is hereby granted with the following conditions: _____

President's Signature: _____