

**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 BEFORE ATTENDING CONFERENCE**

Name \_\_\_\_\_ Building \_\_\_\_\_

Name of Conference/Meeting/Activity \_\_\_\_\_

Is this a (check one) \_\_\_\_\_ Professional Development Conference \_\_\_\_\_ School Business Meeting?

Location of Conference \_\_\_\_\_ Date(s) of Your Attendance \_\_\_\_\_

Date(s) of absence from school sessions \_\_\_\_\_

Is a substitute required ? \_\_\_\_\_ Which dates? \_\_\_\_\_ Total # of Days \_\_\_\_\_

**ESTIMATED EXPENSES** (Be specific):

Reimbursement will require all necessary receipts--for lodging for over-night stay as well as meals and registrations.	<b>Mileage:</b> _____ miles	@\$0.67 cents per mile, if applicable	\$ _____
	<b>Per Night Rate:</b> Number of Applicable Nights _____ (Must be an overnight Trip)	@ UP TO \$100.00 per night	\$ _____
	<b>Meal Rate:</b> Number of Applicable Days _____ only for meals not part of registration fees	@ UP TO \$27.00 per day	\$ _____
	<b>Registration Fee:</b> if applicable	To be paid before event ? <input type="checkbox"/> Y <input type="checkbox"/> N; or staff member will pay and bill PVBOE <input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____

Why are you interested in attending this conference/meeting? \_\_\_\_\_

Employee Signature	Approved: _____ Principal or Supervisor
Application Date	_____ Superintendent
	_____ Approval Date

**EXPENSE VOUCHER-MUST CORRESPOND WITH WHAT HAS BEEN APPROVED ABOVE:**

**COMPLETE THIS SECTION AND RETURN ENTIRE FORM AND RECEIPTS TO SUPERINTENDENT'S OFFICE WITHIN 2 WORK DAYS OF YOUR RETURN.**

<b>Receipts for all lodging, meals and registration fees must be attached to this form.</b>	Mileage: _____ miles @\$0.67 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:	\$ _____
	Total	\$ _____

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

Approved: \_\_\_\_\_  
Superintendent or Treasurer

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