



PO# _____

CUYAHOGA HEIGHTS BOARD OF EDUCATION
APPLICATION FOR ATTENDANCE AT A PROFESSIONAL CONFERENCE

Name _____ Dates of Conference _____

Name of Conference _____ Location _____

Why are you interested in attending this conference? (*Attach conference registration/description*)

ESTIMATE OF EXPENSES

- * Mileage:(actual trip – normal commute = _____ miles @ IRS rate .67 as of 1/1/24) \$ _____
 - * Parking \$ _____
 - * Lodging (attach confirmation number/hotel contact info)..... \$ _____
 - * Registration (attach registration materials) \$ _____
 - * Meals (max \$50/day as of 7/1/22) \$ _____
 - * Transportation Fares \$ _____
 - * Other (Itemize) _____ \$ _____
- TOTAL:** \$ _____

I understand, that if I do not attend the above conference, I will reimburse all prepayments to the Board of Education

Signature of Assistant Superintendent Date
Grant _____ *No Grant* _____

Signature of Principal or Supervisor Date

Signature of Employee Date

Signature of Superintendent Date

- *This form must be filled out for all professional conferences INSTEAD of the standard requisition form.
- *Fill out all possible expenses. If an expense is not listed on the application, it is not reimbursable.
- *The Assistant Superintendent will determine if the conference can be covered by a grant.
- *Once you receive a Purchase Order, **contact the Treasurer’s Department** to discuss registration and lodging arrangements/payment.
- *To be reimbursed, please fill out the Professional Conference Expense Form when you return.
- *Submit original, itemized receipts for reimbursement, neatly taped to a standard 8 ½ x 11 sheet of paper.
- *Gratuities on meals exceeding 15% before tax will not be reimbursed.
- *See the Administrative Guidelines for Travel/Mileage Reimbursement.

Account Code: _____

**CUYAHOGA HEIGHTS BOARD OF EDUCATION
PROFESSIONAL CONFERENCE EXPENSE FORM**



PO:

Name: _____

Today's Date: _____

Conference Name/Dates: _____

MILEAGE

| Date: | Trip Details: (home to hotel, home to work to hotel, etc) | Actual Trip Miles: per MapQuest/ GoogleMaps | Your Normal Commute Miles: | Actual Trip minus Normal Commute =Total Miles: | Total Miles x .67 (as of 1/1/24) |
|---|---|---|----------------------------|--|----------------------------------|
| | | | | | |
| | | | | | |
| Total Mileage Reimbursement Payable to Employee= | | | | | |

MEALS (maximum 15% pre-tax tip is reimbursable, if tip was given)

| Date: | Location: | Breakfast/Lunch/ Dinner: | Pre-tax cost of meal: | Tip: (Pre-tax meal x .15) | Total = Meal plus tax and tip |
|--|-----------|--------------------------|-----------------------|---------------------------|-------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Meal Reimbursement Payable to Employee= | | | | | |

OTHER EXPENSES (HOTEL/REGISTRATION, ETC)

| Date: | Expense Description: (Hotel, Registration Fee, Rental Car, etc) | Vendor Name: (Employee, School Credit card, etc) | Cost: | <u>Amount to Reimburse Employee</u> | <u>Amount to Pay other Vendor</u> |
|-------------------------------|---|--|-------|-------------------------------------|-----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Expenses = | | | | | |



Total Amount to Reimburse Employee =

Conference Total (All Expenses) =

- * Submit original, itemized receipts. Please tape them neatly to an 8 1/2 x 11 piece of paper
- * List each receipt/expense on a separate line
- * Mapquest/GoogleMaps must be attached for mileage. See the Administrative Guidelines on travel reimbursement
- * Fill in your PO number and submit this form to the Treasurer's Department for electronic approval by administrators

Employee Signature:

Date: