## **Montclair Board of Education**

## Pre-Travel Request for Approval for Conference & Travel



<u>Instructions</u>: This form must be submitted at least <u>six weeks</u> prior to the conference registration deadline. This form will be returned if it is not completely filled out.

| Print Your Name Clearly  |                                  | Name of School or Department    |                        |                        |
|--|----------------------------------|---------------------------------|------------------------|------------------------|
| Training & Seminars  | Name of Event                    |                                 |                        |                        |
| Convention/Conference  | rention/Conference Event Sponsor |                                 |                        |                        |
| Regular School District Business   | Location                         |                                 |                        |                        |
|  | Date(s)                          |                                 |                        |                        |
| How does your participation contribute to yo   | our professional growth          | h plan or district/school goals | ?                      |                        |
|  |                                  |                                 |                        |                        |
|  |                                  |                                 |                        |                        |
| How do you expect to turnkey your learning   | with other professiona           | als in the district?            |                        |                        |
|  |                                  |                                 |                        |                        |
|  |                                  |                                 |                        |                        |
| Estimated Expenses   |                                  |                                 |                        |                        |
| Estimated Expenses   |                                  |                                 | ES                     | TIMATED COST           |
| Registration Fees  |                                  |                                 | \$                     |                        |
| Travel Expense (Airfare, Taxi Servi  | ce)*                             |                                 | \$                     |                        |
| Lodging (Not to exceed Federal OMB Guidelines) **.Per Night \$   |                                  |                                 |                        |                        |
| Meals and Incidentals (Not to exceed Federal OMB Guidelines)**   |                                  |                                 | Total \$               |                        |
| Miscellaneous  |                                  |                                 | \$                     |                        |
| Total Cost   |                                  |                                 |                        |                        |
| *The Board of Education can not re<br>**See: <a href="http://gsa.gov/portal/catego">http://gsa.gov/portal/catego</a>                                       |                                  | s, limousine, or chauffer servi | ices in accordance     | with State statute.    |
| Is a Substitute Required?Y   | es orNo                          |                                 |                        |                        |
| Indicate what portion is paid by a   | n MFEE Grant:                    |                                 |                        |                        |
| Account # To Be Charged:   |                                  |                                 | (Form will be returned | without account number |
| Note: Reimbursement will be issued only affi<br>member. Original receipts and/or other docur<br><b>Form</b> must be submitted within <b>10 days</b> follow | mentation must be attach         |                                 |                        |                        |
| Staff Member's Signature:  |                                  |                                 |                        |                        |
| Action by Principal/Supervisor:  | Signature                        | Date                            |                        |                        |
| • • •  | Signature                        | Date                            | Approved               | Not Approved           |
| Action by C.O. Administrator:  | Signature                        |                                 |                        |                        |
| Action by Business Administrator:  |                                  | Date                            | Approved               | Not Approved           |
| redon by Business Administrator.   | see velow)                       | Signature                       | Approved               | Not Approved           |
| Board Approval Date:  Board of Education approval must be obtained p   |                                  |                                 |                        |                        |

entertainment, extra expenses, television and movies.