

Ridgefield Public Schools
REQUEST TO ATTEND PROFESSIONAL DEVELOPMENT

SECTION I

Name:	School: RIDGEFIELD HIGH SCHOOL		
Conference Title:	Conference Dates:		
Conference Location:			
Are you requesting Reimbursement of expenses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*If yes please complete section II below.
Will a substitute be needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*If yes please complete section II below.
Date of Request:			

This form is due in the administrator's office at least **THIRTY DAYS** prior to the event. Please be sure to give the bookkeeper receipts for **previously approved** expenses. **ONLY PROPERLY RECEIPTED EXPENSES WILL BE REIMBURSED.**

ATTENTION: Requests for reimbursement **must be filed within 15 (fifteen) school days after conference** or payment will be forfeited. You must submit proof of attendance (i.e. certificate of attendance) and payment.

ATTENTION: ALL completed "Request to Attend" forms are to be sent to the Assistant Superintendent's office once signed by administrator.

SECTION II

EXPENSES REQUESTED FOR REIMBURSEMENT

Registration Cost:	Funding Source:	School Allocation: <input checked="" type="checkbox"/>
	REF Allocation: <input type="checkbox"/>	Central Office Allocation: <input type="checkbox"/>
Account Code:	Administrator Initials: _____	
Transportation:	Funding Source:	School Allocation: <input checked="" type="checkbox"/>
		Central Office Allocation: <input type="checkbox"/>
Account Code:	Administrator Initials: _____	
Mileage: (.56 per mile)	Funding Source:	School Allocation: <input type="checkbox"/>
Account Code:	Administrator Initials: _____	
Lodging:	Funding Source:	School Allocation: <input type="checkbox"/>
		Central Office Allocation: <input type="checkbox"/>
Account Code:	Administrator Initials: _____	
Meals:	Funding Source:	School Allocation: <input type="checkbox"/>
		Central Office Allocation: <input type="checkbox"/>
Account Code:	Administrator Initials: _____	
Total Reimbursement Requested:	Purchase Order #:	
Substitute Cost:	Funding Source:	School Allocation: <input type="checkbox"/>
(\$100 per day) # of days: _____ cost: _____		Central Office Allocation: <input type="checkbox"/>
Account Code:	Administrator Initials: _____	
Department Leader Signature: _____	Administrator Initials: _____	
Administrator's Signature:		
Assistant Superintendent's Signature:		