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Travel/Conference/IU Workshop Request Form

Travel/Conference/IU Details

This section contains information about the activity

Title of Travel/Conference/IU Workshop

Activity Format --- Click To Select ---

Description



Characters left 2048

Sponsoring Organization

Are you a member of this organization? YES

NO

Prior Travel This Year: YES

NO

If Yes, number attended:

Attach Supporting Material

You must scan your documents and attach it to your MY FILES area of the File Library. Once uploaded as a personal file, you will see it below.

Part I. Brochures, Registration, Conference Materials and Event Information must be submitted with Travel Request.

- Please scan and upload from your file library.
- Please upload receipts on your return.

You must upload any information relevant to this request. If no paper copies of information are available please supply a web address below.

- Select all that apply:
- Lehigh EdD Program Description - Lehigh_University_EdD.pdf (243k) [View](#)
 - PA Educator Summit - PA_Educational_Leadership_Summit.pdf (88k) [View](#)
 - SV Approval Form - Saucon_Valley_Graduate_Approval.pdf (25k) [View](#)

URL for Conference/Travel Description

Meeting Location, Days, Times, Substitute

of Meetings 1

MeetingDate 1

Meeting 1 Date

Start & End Time :00 To :00

Location

Sub Needed for Date #1 Yes No

Absence Start/End Time1 :00 To :00

Location of Absence1 District

Provider

Provider

If not on list, enter here

Costs

The Saucon Valley SD will be responsible for the following expenditures.

- District-subsidized expense not to exceed \$250/day total which includes mileage, meals and lodging.
- Upon return, an itemized statement of expenses shall be submitted in the appropriate column and resubmitted for payment. Original receipts for all items, including meals, tolls, parking, etc., are required.
- Person making request is responsible for making his/her own registrations/reservations.

Registration Fee

Estimated Meals (\$30 per day – itemized receipts required upon completion)

Estimated Lodging (# of nights X Rate)

Estimated Transportation (Air, Bus, Taxi or Car: miles X \$.54 cents per mile)

Estimated Tolls/Parking

Other

Payment

Payment Type

Hours/Credits

Enter the number of Hours OR the number of Credits you are seeking for this activity

Hours

Credits

Goal(s) and Objective(s)

Select At Least One District Objective

Goal : Assessment
 Develop district assessments

Goal : Curriculum
 Develop district curriculum

Goal : Instruction
 Improve instructional practice

Purpose(s)

Select a Purpose(s)

Act 48


Non Credit

Paraprofessional Hours

Graduate Credit

Comments

Comments

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• Please type your name in the text box, as an electronic signature, to verify that the information

presented is accurate and
the expenses for the period
covered are correct.

Your attendance carries with it the obligation of providing a workshop for colleagues if requested.

Submit

Save as Draft