Bernards Township Public Schools

REPORT OF CONFERENCE ATTENDANCE

Name of Attendee _____

Name of Conference _____

Dates of Attendance _____

Summary of Conference _____

_____

_____

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_____

_____

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Request for Expense Reimbursement (receipts attached)

Registration: $_____

Mileage/Tolls/Parking: $_____ **(Attach copy of Registration & Insurance Card)**

Meals (attach www.gsa.gov regional rates): $_____

Hotel (attach www.gsa.gov regional rates): $_____

Total: $_____

Attendee Signature:_____ **Date:** _____

Superintendent Signature:_____ **Date:** _____

Business Adm. Signature:_____ **Date:** _____

Checklist:

☐ Purchase Order attached

☐ Receipts attached

☐ Copy of Pre-approval of Travel Form (administrator & superintendent's signatures)