



Tracking Number: _____

Genesee Education Consultant Services

CONFERENCE/STAFF DEVELOPMENT/MEETING REQUEST

Name _____ Date _____

Employee Email: _____ District/Dept./Program _____
(Required for Confirmation)

Name of Activity _____

Date(s) _____ Location _____
(City) (State)

Educational Plan: Please complete the Educational Plan area on this form. If available, please attach a copy of the program announcement for the activity.

Estimated Expenses:	Amount	GECS USE
Hotel/Motel _____	\$ _____	CK# _____
Registration Fee	\$ _____	CK# _____
Air Flight	\$ _____	CK# _____
Train	\$ _____	
Meals (overnight only)	\$ _____	
Car-Miles _____	\$ _____	
Car Pooling <input type="checkbox"/> Y <input type="checkbox"/> N		
Other _____	\$ _____	
	\$ _____	
Total Estimate*	\$ _____	

Approval/Disapproval Action:	
Immediate Supervisor _____	Approved _____
_____	Disapproved _____
Date _____	
Department Head _____	Approved _____
_____	Disapproved _____
Date _____	
Superintendent _____	Approved _____
_____	Disapproved _____
Date _____	

*Expenditures not pre-approved and costs exceeding the approved request may not be reimbursed. All requests for reimbursement, along with receipts, are due to the Department Head within 14 days of conference attendance.

Please check all that apply:

- Grant Requirement Grant Funded Conference Presenter Professional Development
- Certification Requirement Professional Association Responsibility Award Recipient
- Other (please explain) _____

Meal Allowance Maximum:

Breakfast: \$ 10.00 Account/P.O. Number _____

Lunch: \$ 15.00 Department Contact _____

Dinner: \$ 25.00 Dept. Contact Email Address(es) _____
(Email notification will be sent to Dept. Contact and employee)

Approved weekend conference expenses will be paid.
Wages are generally not paid on weekend conference attendance.

Educational Plan:

Plan for dissemination or utilization of information to appropriate staff members/constituents:

