Conference Request Forms-Submittal Process

Before Conference:

Please include all completed forms in one packet.

-Conference Permission Application -include back-up information for conference.

- You are responsible for registering yourself (in most cases this should be via Frontline MLP)
- You are responsible for contacting AESOP as needed

<u>Purchase Requisition Form</u> - for Conference Fees (This is not needed if District Billing was a choice and chosen when you registered via Frontline MLP)

NOTE:

- If vendor accepts Purchase Orders the requisition should be made out to that organization.
- If vendor *does not* accept a Purchase Order, complete requisition with yourself as vendor. You will pay for the conference and will be reimbursed.

<u>Purchase Requisition Form</u> - for Mileage Reimbursement

 The requisition should name you as the vendor. Please include Mapquest details for reimbursement.

After Conference:

-Reimbursement Form

- All reimbursement forms must be submitted with **all** of the **Required Items** listed on the form.
- All Mileage reimbursement requests must include proof of attendance and a print out of directions indicating mileage



Bridgehampton Union Free School District

P.O. Box 3021, 2685 Montauk Highway, Bridgehampton, NY 11932 Telephone: (631) 537-0271 www.bridgehampton.k12.ny.us Facsimile: (631) 537-9038

CONFERENCE, CONVENTION OR MEETING APPLICATION FOR PERMISSION

NAME:	DATE SUBMITTED:			
<u>NOT</u>	E: *YOU ARE RESPONSIBLE FOR REGISTERI	NG YOURSELF*		
DATE(S) OF CONF	ERENCE/CONVENTION/MEETING:			
SPONSOR ORGAN	IZATION & TITLE OF THE EVENT:			
LOCATION OF EV	ENT:			
	L DAYS TO BE MISSED: SE BE SURE TO CONTACT AESOP TO ARRANGE FOR A	SUB AS NEEDED*		
Full Day(s)	Half-day AM Half-day PM			
WHAT IS YOUR B	EST ESTIMATE OF COSTS:			
NOTE: R	EQUISITIONS REQUIRED! THEY MUST	T BE ATTACHED!		
CONFERENCE FEES: MEALS: HOTELS: MISC.:				
<u>NOTE:</u> Reimb	ursement for expenses incurred will be contingent i	upon proof of attendance.		
	Employee Signature	Date		
Approved Not Approved				
	Supervisor: SBA or Principal's Signature	Date		
Approved Not Approved				
	Superintendent's Signature	Date		
For Office Use Only	Date/Initial			
Conference Pkt./Req. Form I Approved Originals to Huma Approved Copy Scanned to I Registration faxed to BOCES Entered on Calendar Copy in Personnel File	n ResourcesEmployee			

BRIDGEHAMPTON U.F.S.D. PURCHASE REQUISITION

REC	REQUISITION SUBMITTED BY:		Date:	
COMPANY	NAME:		ı	
TELEPHONE	#:	FAX #:		
	* Exceptions to Qu Bid Award Memo v Purchases over \$7	Quotes* for Purchases \$500.00 and up otes Requirement: if item is purchased from state, county or BO with Contract Number and pricing sheet must be attached 50 require Superintendent's approval in addition to Principal's ap and Handling on all requisitions	oroval.	
QTY	CATALOG #	DESCRIPTION	PRICE EA.	TOTAL
QTT	ONTALOG #	DEGOINI HON	LA.	TOTAL
				-
				-
				<u> </u>
				_
				-
				-
				-
		Subtotal:		
		SHIPPING & HANDLING %:		
		TOTAL FOR THIS REQ.		-
Principal's App	oroval (classroom	staff only):		
Superintender	nt's Approval (REQU	JIRED if over \$2,000):		
		For Business Office Use Only:		
Code:		Bus. Admin:		Pavised 02/2018

Bridgehampton Union Free School District REIMBURSEMENT

Name:	Date:	
Conference Expense *Requires Prior Conference Approval Form	Tuition Reimbursement *Requires Prior Course Tuition Approval Fo	orm
Mileage Reimbursement* *attach Mapquest	Supplies Reimbursement	
REQUIRED ITEMS: Form must be signed by individual seeking reind Prior Approved Conference & Tuition form must Proof of Payment Proof of Attendance: Certificate of Completion or No.		-
*Sales tax, Gratuties, alcohol, valet parking are include the names of all people for whom mea	e <u>not</u> reimbursable. Meal reimbursements must I reimbursement is requested	
TEM		AMOUNT DUE
Signature:		