

REQUEST DATE: _____

APPLICANT'S NAME ►		DAYTIME PHONE #	()
DEPARTMENT / SITE ►			
NAME OF CONFERENCE ►			
CONFERENCE LOCATION ►			
START DATE ►		END DATE ►	

MY ESTIMATED EXPENSES ARE:

Mileage Reimbursement / Transportation*	\$	I am requesting the use of a BOCES-owned vehicle for this trip. [] YES [] NO <i>(If YES, Form 4520 is attached.)</i>
Registration Fee(s)	\$	
Lodging & Meals	\$	** Other Expenses – ITEMIZE HERE (tolls, parking, etc.)
Other Expenses (please itemize)**	\$	
TOTAL ESTIMATED EXPENSES =	\$	

*W-FL BOCES prefers the use of public transportation, a taxi or a shuttle instead of a rental car from airports or train stations. If you are requesting a rental car, please explain in the "REASON" box below.

A conference description or brochure, if attached, would assist in the approval process. All staff members should submit a conference attendance report to their principal/supervisor within 10 days of the conclusion of the conference.

Approved reimbursement requests must comply with AR3131-Travel Reimbursement. Itemized receipts are required for any approved expense incurred while attending an authorized workshop or conference. Tax exemptions should be used where applicable.

APPLICANT SIGNATURE: _____

Building-Level Decision

RECOMMENDED / APPROVED

DISAPPROVED

PRINCIPAL/SUPERVISOR'S SIGNATURE: _____

[] I authorize this individual to request the use of BOCES-owned vehicle.

[] I authorize this individual to request the use of rental car.

DATE

Department Director's Use Only

APPROVED for expenses up to \$ _____

DISAPPROVED

DIRECTOR'S SIGNATURE: _____

DATE

REASON:

Copy to: [] Applicant [] Principal/Supervisor [] Department Director
[] Business Office (when requesting pre-payment of fees and/or reimbursement for expenses)
[] Individual at site responsible for scheduling/dispatching BOCES-owned vehicles.