

Plainview-Old Bethpage Central School District

**CLERICAL/AIDE
REQUEST TO ATTEND EDUCATIONAL CONFERENCE**

Name: _____ **Date:** _____

Title: _____ **Building:** _____

Name of Conference: _____

Organization Sponsoring Conference: _____

Location: _____

Date(s): _____ **Time:** _____

Cost: _____ **Additional Expenses:** _____

REGISTRATION IS THE RESPONSIBILITY OF THE ATTENDEE. IF A PURCHASE ORDER IS NEEDED FOR PAYMENT, PLEASE BE SURE TO SPEAK TO YOUR BUILDING SECRETARY.

Approved: _____ **Date:** _____
Building Principal or Supervisor

Approved: _____ **Date:** _____
Christopher Donarummo
Assistant Superintendent for Human Resources & Safety

Approved: _____ **Date:** _____
James Bolen
Asst. Superintendent for Curriculum and Instruction

IF THERE IS A REGISTRATION FEE OR ANY EXPENSES RELATED TO THE CONFERENCE, PLEASE SEND THE FOLLOWING TO THE BUSINESS OFFICE:

- 1. A COPY OF THIS APPROVED FORM**
- 2. PROOF OF ATTENDANCE (Certificate, agenda, etc.)**
- 3. MAPQUEST FOR APPROVED TRAVEL EXPENSES, IF DRIVING**
- 4. ORIGINAL DETAILED RECEIPTS FOR ANY OTHER APPROVED EXPENSES**