

BRAINTREE PUBLIC SCHOOLS
Request to Attend Conference/Workshop – Professional Development

Must be submitted for approval at least five (5) days before the conference/workshop date. Please forward two (2) copies of this form and a purchase order signed by your Director and/or Principal to Maureen S. Murray, Assistant Superintendent.

NAME: _____ SCHOOL: _____

Date of Application: _____

Title of Conference/Workshop _____

Sponsor _____ Location _____ Date(s) _____

Substitute Teacher Needed YES _____ NO _____

Account to be charged for substitute teacher _____

FEES

Account to be charged for conference fees _____

Registration _____ Purchase Order # _____

Meals _____

Lodging _____

Mileage _____ (_____ miles X .25 = _____)

TOTAL _____

APPROVED _____
Director/Supervisor

APPROVED _____
Principal

APPROVED _____
Assistant Superintendent

Conference Reimbursement

Submit (1) a **Reimbursement Form**, (2) a **copy of your cancelled check or a copy of your monthly charge account statement**, and (3) **original receipts** for reimbursement of mileage, meals and lodging to Maureen S. Murray, Assistant Superintendent.