



School District
of
Borough of Morrisville

District Office
550 West Palmer Street
Morrisville, PA 19067-2195
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**PROFESSIONAL DEVELOPMENT
CONFERENCE, SEMINAR, WORKSHOP AND TRAVEL APPROVAL FORM**

SECTION 1: GENERAL INFORMATION

Staff Name: _____ Activity Dates(s): _____

Activity Title: _____

Full Address of Activity: _____

Activity Description: _____

School Time Involved (List dates and times): _____

PROFESSIONAL DEVELOPMENT ALIGNS WITH MORRISVILLE SCHOOL DISTRICT'S GOAL(S), CHECK:

___ Outstanding Program ___ Student Achievement ___ Building Relationship

SECTION 2: ESTIMATED COSTS

- Registration Cost: _____; Agenda/Itinerary with Payment Amount Attached: ___ Yes ___ No (*required*)
(Attach registration form and payment information as applicable.)

- Transportation Cost: Google Maps' Shortest Route Attached: ___ Yes ___ No
(Carpooling required unless prior administrative approval.)

- _____ - _____ = _____ x 0.67 = \$ _____ (use Google Maps' shortest route)
Miles to Activity - Miles Driven to Work = Reimbursable Miles x Rate = Total Cost

- Overnight Stay Required? ___ Yes ___ No. (If yes, attach hotel information and PO/Payment Info.)

Hotel Name & Full Address: _____

Hotel Cost: _____ x _____ = _____ (Sharing room required unless prior administrative approval.)
Nights Nightly Rate Total Cost

- Meals: Limit of \$61/day (No credit card total receipts accepted/detailed receipts for food required.)
No Reimb. for: meals during a field trip, meals if provided at activity, snacks, alcoholic beverages & tips that exceed 20%.

- Parking Cost: _____ (no valet parking) • Tolls: _____

Actual expenses for reimbursement are to be verified **by receipts** on a Travel Reimbursement Form and a copy of this approved form. Expenses will be reimbursed only if estimated expenses have been submitted and approved prior to travel AND receipts are submitted verifying actual expenses and approved after travel. **Failure to do so is in violation of state law and expenses cannot be reimbursed.** NO CREDIT CARD TOTAL RECEIPTS ACCEPTED / DETAILED RECEIPTS FOR FOOD REQUIRED. Under no circumstances will employee expenses be reimbursed after 60 days of incurring the expense.

SECTION 3: APPROVALS

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Business Manager Signature _____

Date _____

Superintendent Signature _____

Date _____

PRINT COMPLETED FORM AND GIVE IT TO YOUR SUPERVISOR WITH APPROPRIATE ATTACHMENTS.