

Name: _____
Approval Date: _____

Workshop: _____
Date: _____

BLAIRSTOWN TOWNSHIP BOARD OF EDUCATION

INSTRUCTIONS & CHECKLIST FOR WORKSHOPS

*All forms should be submitted at the same time
Except for the "Voucher for Travel Reimbursement" form*

CHECKLIST:

WORKSHOP:

Request to Attend Workshop Form _____
Purchase Order Request for Workshop Form _____



Forms **MUST** be submitted to your supervisor first
and then to the Superintendent.
Forms MUST be signed by the Teacher, Supervisor and Superintendent.

TRAVEL:

Travel Expense Form (*signed by Superintendent/Teacher*) _____
"Mapquest" mileage information (please attach) _____

Please include a copy of your
registration and insurance card
with your packet.

TRAVEL REIMBURSEMENT: *Submit after the workshop*

Voucher for Travel Reimbursement Form _____
Summary Form _____

*(brief report that includes the primary purpose for the travel and the key
issues that were addressed at the event and their relevance to improving
instruction or the operation of the school district.)*



- Travel reimbursement documents must be submitted **within 15 CALENDAR days of your workshop.**
- Your submission of this brief report (Summary Form) is required for you to receive travel reimbursement, per our Policy #3440.

Board Approved: _____

BLAIRSTOWN TOWNSHIP BOARD OF EDUCATION

One Sunset Hill Road – PO Box E
Blairstown, New Jersey 07825

REQUEST TO ATTEND WORKSHOP

This is a N.J. State Certified Professional Development Provider () YES () NO

_____ Number of hours of approved Professional Development.

Teacher's Name: _____ Date: _____

Title of Workshop: _____

Date of Workshop: _____

Cost of Workshop: _____

Workshop Provider: _____

Will you need a substitute? _____

Expected Compensation: _____

How does this training relate to your teaching assignment?

How will you share new information with colleagues?

Signature of Teacher: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Signature of Superintendent: _____ Date: _____

_____ Approved

_____ Disapproved

Board Approved: _____

BLAIRSTOWN TOWNSHIP BOARD OF EDUCATION
Travel Expense Form
(Use for pre-approval of mileage, use Voucher for reimbursement.)

NAME: _____

Destination: _____

Date: _____

Reason: _____ Convention / Conference
_____ Staff Training / Seminar
_____ Regular District Business

ESTIMATED COSTS:

Mileage: _____ Miles @ \$0.31 = \$ _____

Tolls _____ Highway @ _____ = \$ _____
_____ Bridge @ _____ = \$ _____

Parking _____ @ _____ = \$ _____

Total Estimated Expenditures: \$ _____

Mileage should be calculated from BES to destination and return to BES – Not from home. Expenditures listed above must be actual – not estimates. Upon completion of travel, please submit a voucher indicating **actual** expenses to the Business Administrator. Reimbursement for travel and related expenses will only be made with proper documentation. This includes a written report of the event within 15 days. Vouchers must be submitted and receipts must be attached. Reimbursement will not be made without receipts. Meals and lodging will not be reimbursed for any in-state travel.

Superintendent

Date

VOUCHER for Travel Reimbursement

PO # _____

BLAIRSTOWN TOWNSHIP BOARD OF EDUCATION

One Sunset Hill Road – PO Box E
 Blairstown, New Jersey 07825
 908-362-8536 Phone
 908-362-9638 Fax

VENDOR: _____

Address: _____

Phone: _____ Fax: _____

Return to Business Administrator with Summary Form attached before the third Monday of each month for prompt payment.

QUANTITY	DESCRIPTION	AMOUNT	TOTAL
<p>(Attach Workshop Summary Form and submit within 15 calendar days of workshop.)</p>			

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that the contractor is an equal opportunity employer in full compliance with all provisions of Ch.127 P.L. 1976 (R.S. 10:5-31 et seq.); that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one. CLAIMANT MUST SIGN THIS CERTIFICATION FOR PAYMENT	Check #	
	Date Paid	
	Acct. #'s	
	Approved by	
Date	Signature	Date
	Position	

