

Complete and submit to Colonial IU 20

Colonial IU 20
Att: Todd VanNortwick
6 Danforth Drive
Easton, PA 18045

DIOCESE - TITLE IIA - POST CONFERENCE/EVENT FORM

_____ School Year

NAME(registrant/attendee): _____ DATE: _____

NONPUBLIC SCHOOL: _____ DISTRICT: _____
(district in which funds will be deducted)

PRINCIPAL: _____ PHONE: _____

EMAIL: _____

NAME OF CONFERENCE / EVENT ATTENDED: _____

DATE(S) ATTENDED: _____

LOCATION OF CONFERENCE / EVENT ATTENDED: _____

Name(<i>pay to the order of</i>): _____
Address: _____
City/State/Zip: _____
Amount to be Paid:\$ _____ (<i>shall not exceed pre-approval form total</i>): _____

Post Event forms will not be accepted without the following: Proof of payment Proof of attendance

Principal:

Approve Not Approved Signature: _____ Date: _____
Principal

Diocese of Allentown:

Approve Not Approved Signature: _____ Date: _____
Kathleen Bondi

Diocese of Scranton:

Approve Not Approved Signature: _____ Date: _____
Kathleen Gilmartin

CIU 20 OFFICE USE ONLY

Approve Not Approved Signature: _____ Date: _____
Todd VanNortwick

Participating School District: _____ Budget Code: -046-2260-320
-046-2260-320

Conference Expense Sheet

for

_____ Public School District

from _____

(school name)

Request for Reimbursement for Mileage, Lodging, Meals and Registration Expenses

Date	Destination & Purpose of Trip	Mileage	Lodging	Other Expenses
Totals		\$ _____	\$ _____	\$ _____

Please attach all receipts for lodging, meals, tolls, etc. Reimbursement cannot be made without receipts. If requesting reimbursement for a conference, please attach a copy of the registration form. There will be no reimbursement for meals if they are provided at the conference.

Total Mileage _____ miles at \$ _____ per mile = \$ _____
Total Meals (itemized on back) \$ _____
Lodging \$ _____
Total Other \$ _____
TOTAL \$ _____

Signature of Person Requesting Reimbursement _____ Date _____

PRINT Name of Person Requesting Reimbursement _____
(PRINT)

Address _____ City _____ Zip Code _____
(PRINT) (PRINT)

Notes:

- Receipts must be provided for reimbursable expenses.
- Reimbursement will not be made without receipts,
- Expenses are to be submitted on this "Expense Sheet", within thirty (30) days following the conference.

Diocesan Principal Signature: _____ Date: _____

Diocesan Official Signature: _____ Date: _____

IU Supervisor Signature: _____ Date: _____