



STAFF
Pre-Approval for Conference/Meeting
(Overnight)

Employee: Dr. Dominick Lupo Position: Asst Supt for Curriculum & Instrc
Conference/Mtg.: IATD (Title I) Fall Conference Location: Springfield IL
Conference/Mtg. Dates (from): 09/13/26 (to): 09/15/26
Dates absent from work (from): 09/14/26 (to): 09/15/26

TRAVEL

Maximum ESTIMATES of expenses for which employee will request reimbursement:

- Plane, bus, or train fare _____
- Special fares for bus and taxi _____
- Auto mileage: Miles x rate: =
(calculate from District address starting point)
- Parking: Day(s) x rate: =

LODGING

Submit estimated rates or receipt/confirmation for hotel or motel bill

MEAL & INCIDENTAL EXPENSES - Per Diem (For rates, visit: www.gsa.gov/)
Includes tips and gratuities (Servers, Bellhops, etc.)

- Maximum (per GSA) per day is authorized for meals and incidentals

REGISTRATION FEES

MISCELLANEOUS CONFERENCE EXPENSES. PLEASE ITEMIZE:

Budget Code: 10.0.2210.312.00.0000.00

Total Estimate of Expenses:

Principal/Administrator Approved: _____

Date: _____

Superintendent or Designee Approved: 

Date: 9/3/26

Upon approval of the conference, it is the staff member's responsibility to officially register for the event using the Building Principal's p-card.

Please submit **TWO** copies.

One will be returned and should be resubmitted when actual conference expenses have been finalized.
ALSO, please attach a brief summary about the purpose of attending this conference/meeting
and how it will enhance the educational environment for students.