

Requests should be submitted
two (2) weeks prior to the conference.

HUDSON CITY SCHOOL DISTRICT
2025-26 CONFERENCE/PROGRAM REQUEST

Date returned:

* _____
LAST NAME FIRST NAME FILING DATE

* _____
GRADE/SUBJECT AREA BUILDING COMMUTE MILES
(home to building)

*HOME ADDRESS (NO PO BOXES) _____

*PROGRAM TITLE _____ DATE _____

*PROVIDER _____ TIME _____

*LOCATION _____ CITY _____ STATE _____

CTLE APPROVED PROVIDER? ☐ Yes ☐ No ☐ N/A (check one) NUMBER OF HOURS _____

(Link to approved providers can be found on the HCSD website at <http://www.hudsoncsd.org/staff>)

*What do you hope to learn from this Conference/Program?

*How will learning outcomes be shared in Building/District?

*SUB NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day (check)		DATE(S):
(check)		
(A) REGISTRATION FEE	PURCHASE ORDER #:	(A): \$
(B) MILEAGE	Total trip miles driven _____	(B) \$.70/MILE (Rate good until 12/31/25 Only):
(Please see explanation on last page with instructions for new mileage rules)	– Commute – _____	\$
	(round trip or one-way – circle one)	
	= Reimbursable miles = _____	(Reimbursable miles x .70 if a positive number)
(C) ANTICIPATED MEALS		(C): \$
(D) HOTEL	EACH DAY: \$	(D) TOTAL HOTEL: \$
BUDGET CODE: (Office Use)		TOTAL (A-D): \$

Attendee (teacher, administrator, etc.) Signature/Date

Supervisor (principal, etc.) Approval / Date

Superintendent of Schools Approval / Date

Executive Director of Engagement and
Student Support Approval / Date

Revised 7/1/25

YOU MUST ATTACH MILEAGE PRINTOUTS (if you are seeking mileage reimbursement)
AND CONFERENCE LITERATURE

**COMPLETE AFTER THE CONFERENCE
AND SUBMIT WITH THE ENTIRE ORIGINAL CONFERENCE REQUEST PACKET**

**HUDSON CITY SCHOOL DISTRICT
HUDSON, NEW YORK
2025-26 CONFERENCE CLAIM FORM**

CLAIMANT'S NAME AND MAILING ADDRESS (Please Print)

NAME _____

STREET _____

CITY/STATE/ZIP _____

PROGRAM/CONFERENCE INFORMATION (Please Print)

PROGRAM TITLE _____

LOCATION _____

DATE(S) CONFERENCE/PROGRAM _____

DESCRIPTION	UNIT PRICE	TOTAL	CODE/PO#
Registration Fee			
Mileage (<i>Attach mileage printouts</i>)	Total trip miles driven _____ – Commute _____ (round trip or one-way – circle one) = Reimbursable miles = _____	\$.70/Mi. (Rate good until 12/31/25 Only): \$ _____	
Meals			
Hotel			
GRAND TOTAL:			

***Please Attach the Complete Original Conference Request, mileage printout (if you are seeking mileage reimbursement), Certificate of Completion, and ITEMIZED receipts (Listing of purchase and cost of each)**

Claimant's Signature / Date

**Executive Director of Engagement and
Student Support Approval/Date**

Applicable Office Approval (as needed) / Date

Business Office Use Only

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Purchasing Official Approval / Date

Revised 7/1/25

CONFERENCE REQUESTS

**YOU MUST ATTACH MILEAGE PRINTOUTS (if you are seeking mileage reimbursement)
AND CONFERENCE LITERATURE**