

Torrington Public Schools
CEU Equivalent Credit Form

If you plan to attend an activity provided by an outside agency that is not an CT-approved provider of CEUs and want to receive CEUs for your participation, you **MUST** submit this form together with your Conference Request Form **PRIOR** to attending the activity.

Name _____ School _____

Name of Activity _____ Date/time/place _____

Sponsoring Organization _____

Approved _____ Denied _____
Assistant Superintendent

SUPPORTING DOCUMENTATION

To receive CEUs, you must submit documentation from the organization of your attendance. CEUs are based on actual contact time and are not awarded for lunch and coffee breaks, visiting vendor halls, etc. Conference brochures and/or registration forms will not be accepted as documentation. No CEUs can be awarded without this documentation.

Attach attendance/participation documentation OR have presenters sign in the space below.

| Workshop Title | Presentation length | Presenter Signature |
|----------------|---------------------|---------------------|
| | | |
| | | |
| | | |

I verify that the documentation provided reflects the number of hours of contact time.

Attendee signature _____
date

CO Use Only

No. of hours approved _____
Assistant Superintendent

TORRINGTON BOARD OF EDUCATION

REQUEST FOR CONFERENCE REIMBURSEMENT

Do not submit this form until after you have attended the workshop. You can only submit items that were approved for reimbursement by the Assistant Superintendent. Submit the appropriate documentation:

- Copies of cancelled checks (front and back)
- Copies of receipts
- Copies of credit card statement showing payment
- Conference receipt showing payment/attendance

You must submit for reimbursement prior to June 15. Accounts payable will not process your request after that deadline.

Date: _____

Fund: _____

(CO use only)

Payable to:

(Name)

(Street Address, City, and State)

Name of Conference Attended: _____

Date(s) of Meeting Attended: _____ Approval Date: _____

Location: _____

Actual Expenses

(Must match original approval)

| | District Approved | Attendees' Cost |
|----------------------------|-------------------|-----------------|
| Registration | _____ | _____ |
| Mileage | _____ | _____ |
| Hotel | _____ | _____ |
| Meals | _____ | _____ |
| Total Reimbursement | _____ | _____ |

Principal/Supervisor's Approval* _____ Date _____

Assistant Superintendent's Approval _____ Date _____

7/15/2009

*Signature indicates that the attendee has implemented or shared his/her conference experience.