

**DELAWARE VALLEY SCHOOL DISTRICT  
CONFERENCE, WORKSHOP, SEMINAR AND ACT 48 FORM**

Applicant's Name		Building	
Grade Level (Elementary Only)		Subject Area (Secondary Only)	
Vendor No.	Account Code		
Conference Name and Location			
Conference Dates: From:		To:	
Conference Purpose:			
Alternative Inservice: (Also submit Alternative Inservice Request Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No	**Act 48:	<input type="checkbox"/> Yes <input type="checkbox"/> No # Hours:

**\*\*Enter into CPE Tracker before requesting approval**

PURCHASE ORDER NO.			Estimated Expense	Final Expense
Registration Fees				
Lodging	No. of Nights	@ \$		
Meals	No. per day	@ \$		
Transportation: Plane _____ Train _____ Bus _____				
Car Expense	No. of Miles	@		
Parking and Toll Expense				
Miscellaneous Expense (itemize)				
TOTAL				
Advance Amount Requested/Received				
Balance Due (Refunded)				
Date Advance Required	Will a substitute be required?			

**APPLICATION SIGNATURES**

Applicant		Date
Principal/Supervisor		Date
Business Administrator		Date
Superintendent	Approves	Rejects
		Date

**FINAL EXPENSE SIGNATURES**

Claimant	Date
Principal/Supervisor	Date

**\*\* CONFERENCE DOCUMENTATION MUST BE RECEIVED WITHIN 30 DAYS OF CONFERENCE ATTENDANCE  
OTHERWISE ACT 48 AND ALTERNATIVE INSERVICE HOURS CANNOT BE CREDITED \*\***