

# HOLLAND TOWNSHIP SCHOOL DISTRICT



Mrs. Stephanie Snyder, Superintendent  
 Mrs. Susan Wardell, Principal/Curriculum & 504 Coordinator

908-995-2401  
[www.hollandschool](http://www.hollandschool)

## Conference/Meeting/Workshop Packet

DATE	
TIME	

### Location of Event:

<input type="checkbox"/>	In House - Conference/Meeting/Visitation or Convention Approval Form Only
<input type="checkbox"/>	Off Site - Must return <b>ALL</b> attached forms completed

### Attachments:

<input type="checkbox"/>	Conference/Meeting/Visitation or Convention Approval Form
<input type="checkbox"/>	Purchase Order Requisition Form (Payment of Admission)
<input type="checkbox"/>	Registration Form (from Workshop Provider)
<input type="checkbox"/>	Voucher - If Submitting for Mileage/Tolls Please provide a Copy of: <ul style="list-style-type: none"> <li><input type="checkbox"/> Vehicle Insurance Card</li> <li><input type="checkbox"/> Vehicle Registration</li> <li><input type="checkbox"/> Mileage Commute Deduction Worksheet</li> <li><input type="checkbox"/> Directions Showing Actual Mileage (Map Quest, Google Maps or Yahoo Map)</li> </ul>
<input type="checkbox"/>	Conference/Meeting/Visitation or Convention Summary Form (Must be completed and return within 1 week of attendance)

←-----→  
**OFFICE USE ONLY**

Board of Education Agenda \_\_\_\_\_

Initial \_\_\_\_\_

# HOLLAND TOWNSHIP SCHOOL DISTRICT



## CONFERENCE/MEETING/VISITATION/OR CONVENTION APPROVAL FORM

### EMPLOYEE INFORMATION

Employee Name \_\_\_\_\_

*Last*

*First*

### CONFERENCE INFORMATION

Workshop/Conference Title \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

### REIMBURSEMENT INFORMATION

I do not request reimbursement for expenses:

I shall request reimbursement for expense which I estimate to be:

Registration Fee \_\_\_\_\_

Other \_\_\_\_\_

Hotel \_\_\_\_\_

Transportation \_\_\_\_\_

Meals \_\_\_\_\_

Total \_\_\_\_\_

### SUBSTITUTE INFORMATION

Attendance will require the district to hire a substitute:

Full Day \_\_\_\_\_

Period Coverage \_\_\_\_\_

Half Day \_\_\_\_\_

None \_\_\_\_\_

Duty Coverage \_\_\_\_\_

(Bus, Hall Monitor AM or PM, Lunch or Recess)

### SIGNATURES

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Approval \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Approval \_\_\_\_\_ Date \_\_\_\_\_

Superintendent's Approval \_\_\_\_\_ Date \_\_\_\_\_

SBA's Approval \_\_\_\_\_ Date \_\_\_\_\_



**VOUCHER 20-21**

Holland Township Board of Education  
714 Milford-Warren Glen Road  
Milford, NJ 08848

Date: \_\_\_\_\_

DATE	DESCRIPTION OF SERVICES RENDERED	TOTAL COST

**Total:**

**CONDITION OF CONTRACT**  
IN ACCORDANCE WITH N.J.S.A. 18A:36-20 AND UNDER THE PROVISIONS OF GOVERNMENT CONTRACTING, YOU ARE ADVISED THAT CONTRACTORS AND SUBCONTRACTORS ARE OBLIGED TO TAKE AFFIRMATIVE ACTION TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY WITHOUT REGARD TO SEX, RACE, COLOR, AGE, CREED, RELIGION, OR NATIONAL ORIGIN. ACCEPTANCE OF THIS PURCHASE ORDER AND FULFILLMENT OF ITS TERMS CONSTITUTES COMPLIANCE WITH THE ABOVE STATEMENTS.

**VENDOR'S DECLARATION**  
I DECLARE THAT THE GOODS OR SERVICES ITEMIZED IN THIS BILL HAVE BEEN DELIVERED OR RENDERED, THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE KNOWLEDGE OF THE DEPONENT; AND THAT THE ABOVE BILL IS TRUE AND CORRECT.

APPROVED \_\_\_\_\_

DATE PAID \_\_\_\_\_ WARRANT NO. \_\_\_\_\_

CLAIMANT'S SIGNATURE	TITLE	DATE
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Principal _____	Date _____	Supervisor _____	Date _____
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Board Secretary/RSBA _____	Date _____	Superintendent _____	Date _____
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# TRAVEL

## Mileage Commute Deduction Worksheet

All school districts must adhere to state law, state code and NJ Department of Treasury Circulars as it pertains to travel. The NJ Department of Treasury issued on December 16, 2010, NJ Circular 11-05-OMB-Travel Regulations. Of particular attention is Section H-Travel by Personal Vehicle (Mileage Basis)

### Deduct Home to Work Commute Mileage

The State of NJ has mandated through NJ Circular 11-05-OMB Section H-4 that all commutation expenses must be deducted when calculating mileage allowance.

Please complete the worksheet section below that pertains to you.

#### Worksheet – Left From School and Returned to School

Holland School to Travel Destination Address-1 Way \_\_\_\_\_miles  
 One Way Mileage Total X 2= Round Trip            **miles**

#### Worksheet – Left From School and Returned Home

Holland School to Travel Destination Address \_\_\_\_\_miles  
 Travel Destination to Home \_\_\_\_\_miles  
 Total Round Trip \_\_\_\_\_miles

Holland School to Home \_\_\_\_\_miles  
 Minus Holland School to Home from Total Round Trip above            **miles**

#### Worksheet-Left From Home AND Returned Home

Home Address to Travel Destination Address \_\_\_\_\_miles  
 Home Address to Holland School \_\_\_\_\_miles      Deduct: \_\_\_\_\_miles  
 One Way Mileage Total: \_\_\_\_\_miles

You would then **double** the mileage traveled for round trips (Can be a minus amount, in which case there would be no reimbursement)

One Way Mileage Total X 2 = Round Trip:            **miles**

From the above worksheet, use the mileage in **Red** on all forms for approval and reimbursement.

#### Supporting Documentation

All employees are to attach this worksheet to your travel voucher along with your receipts for parking or any tolls incurred. Also attach a copy of the actual route traveled from one of the following websites:

- Map Quest
- Google Maps
- Yahoo Map

(Please make sure your registration and insurance card are on file in the Business Office)

Name of Employee/Board Member: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

\_\_\_\_\_

# HOLLAND TOWNSHIP SCHOOL DISTRICT



## CONFERENCE/WORKSHOP SUMMARY

### EMPLOYEE INFORMATION

Employee Name:

*Last*

*First*

### CONFERENCE/WORKSHOP INFORMATION

Workshop/Conference Title:

Location

Date

Board Approval Date:

**Statutory requirement: After the event, attendees must provide a brief report that includes a description of the primary purpose for the travel, and a summary of the goals and key issues that were addressed at the event and their relevance to improving instruction or the operation of the school district. [P.L. 2007, c.53; travel requirements at N.J.S.A. 18A:11-12]**

### PURPOSE FOR TRAVEL

### SUMMARY OF THE GOALS

### RELEVANCE TO JOB

**MUST BE RETURNED TO SUPERINTENDENT'S OFFICE WITHIN (1) WEEK OF ATTENDANCE**