

NATIONAL SCHOOL DISTRICT CONFERENCE ATTENDANCE REQUEST

Name(s): _____					Date: _____		
Name of Conference: _____							
Location: _____					Date(s) of Attendance: _____		
Funding Source(s):	Fund	Resource-Sub	Goal	Function	Object-Sub	School	Amount
	_____	_____	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	_____	_____	\$ _____

Projected Costs:

Registration: \$ _____; Lodging: (_____ days) \$ _____; Meals: (_____) \$ _____; TOTAL PROJECTED COST:
 Transportation (select one) _____ \$ _____ \$ _____
 Other (including substitute) \$ _____

Payment Method:

- Employee to pay and be reimbursed following trip
- Purchase order(s) or Revolving Cash Fund check(s) to be issued (Requisition or Request for Prepayment must be attached)
- Charged to District Purchasing Card
- Request advance of funds for travel

APPROVAL RECOMMENDED BY: _____ DATE _____
 Immediate Supervisor/Principal and/or Program Director

APPROVAL RECOMMENDED BY: _____ DATE _____
 Assistant Superintendent, Educational Services

APPROVED DENIED _____ DATE _____
 District Superintendent

TRAVEL EXPENSE CLAIM

Mark all items paid directly by the District with an * and attach receipts									
Receipts Required	Enter Dates	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	Registration								
	Lodging								
	Transportation								
	Other (Specify)								
No Receipts Required	Breakfast (\$10.00 limit)								
	Lunch (\$15.00 limit)								
	Dinner (\$20.00 limit)								
	Cab, Bus, Limousine								
	Mileage: Miles _____ x \$ _____								
	Other (Specify)								
<i>Sign this portion of the claim AFTER conference attendance.</i>							Total Travel Expense		
							*Less Amounts Paid by District		
							Less Travel Advance Funds		
							Net Amount of Claim /Refund		

Conference Report Attached

I hereby certify that the above travel expenditures were actually and necessarily incurred in the performance of my duty, and further that no part of the claim has heretofore been paid.

Submitted by: _____ DATE _____
 Approved by: _____ DATE _____
 Immediate Supervisor/Principal and/or Program Director
 Submitted by: _____ DATE _____
 Assistant Superintendent, Educational Services

In accordance with Governing Board Policies BP 4133, BP 4233, and BP 4333, the District Superintendent authorizes the above expenditures.

Signature: _____ DATE _____
 District Superintendent