



Conference Attendance and Reimbursement Request

Part I – Conference Attendance Request

To be completed 10 days prior to conference. Submit to the Business Office.

Employee Name	Budget Code				
_____	_____ - 5220 - _____	\$	_____	_____	_____
School/Department	_____ - 5220 - _____	\$	_____	_____	_____
_____	_____	\$	_____	_____	_____
Conference Location	Date		Conference Title		\$ _____
_____	_____		_____		_____

Always attach a copy of the conference flyer.

Type	Document	ARQ#	PO#	Amount
Registration	<input type="radio"/> Escape Requisition	_____	_____	\$ _____
	<input type="radio"/> Conference Registration Form attached			
Lodging	<input type="radio"/> Escape Requisition	_____	_____	\$ _____
	<input type="radio"/> Escape Requisition (air/train/car rental)			\$ _____
Transportation	Fuel Estimate = Miles _____ / 25 MPG = _____ GL x rate \$ _____			\$ _____
	<input type="radio"/> Personal vehicle -- Estimated round trip _____ miles x mileage rate _____			\$ _____
	<input type="radio"/> Bkfst \$__ x __ = \$____ Lunch \$__'x __ = \$____ Dinner \$ __'x __ = \$____			\$ _____
Meals (per diem)	<input type="radio"/> Request for Release and Substitute Teachers (enter School Business Agreement in Digital Schools)			\$ _____

These two amounts should be the same.

(For business office use only) Amount Encumbered \$ _____ Vendor # _____ TC# _____	Total Estimated Expenses \$ _____
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_____	Date	_____	Date
Employee signature		Principal signature	
_____	Date	_____	Date
Administrator signature		Program coordinator signature	

Part II – Conference Reimbursement Request

To be completed immediately after conference. Make sure your conference flyer is still attached. Attach all required (*), detailed receipts. No receipts are required for food Per Diem. Employee signature and supervisory approval required when complete.

Date	Breakfast	Lunch	Dinner	Mileage	Lodging*	Registration*	Other	Total
								\$
								\$
								\$
								\$
								\$
Amount due to employee								\$

I certify that the expenditures incurred were for the benefit of employees or trustees of the District and any expenditure for non-employees will be reimbursed to the District. I further certify that items purchased constitute a legal claim against the District and that no prohibited items (alcohol, tobacco etc.) are included.

_____	Date	_____	Date
Employee signature		Supervisor/Manager/Administrator signature	