



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 _____ \$ _____
 Address _____ -5220- _____ \$ _____
 Position _____ Date _____ Conference Title _____ \$ _____
 School/Department _____ Conference Location _____

Type	Document	ARQ#	PO#	Amount
Registration	<input type="checkbox"/> Escape Requisition			\$ _____
	<input type="checkbox"/> Conference Registration Form Attached			
Lodging	<input type="checkbox"/> Escape Requisition			\$ _____
	<input type="checkbox"/> Escape Requisition			\$ _____
Transportation	<input type="checkbox"/> Fuel Estimate = _____ Miles /25 MPG = _____ GL x Rate 0.545			\$ _____
	<input type="checkbox"/> Personal Vehicle Estimated round Trip _____ Miles X Mileage Rate 0.545			\$ _____
Meals (per diem)	<input type="checkbox"/> Bkfst \$ 14.00 # _____	Lunch \$ 18.00 # _____	Dinner \$ 25.00 # _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/> Request for Release and Substitute Teachers (enter School Business Agreement in Escape)			
(For business office use only) \$ _____				
Amount Encumbered	Vendor #	TC#	Total Estimated Expenses	\$ _____
Employee Signature _____		Principal Signature _____		
Date _____		Date _____		
Administrator Signature _____		Program Coordinator Signature _____		
Date _____		Date _____		

Part II- Conference Reimbursement Request

To be completed 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

I certify that the expenditures incurred were for the benefit of employee 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.

Employee Signature _____ Date _____ Supervisor/Manager/Administrator Signature _____ Date _____