



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 _____			\$ _____
Meals (per diem)	<input type="radio"/> Bkfst \$ __ x __ = \$ _____ Lunch \$ __'x __ = \$ _____ Dinner \$ __'x __ = \$ _____			\$ _____
Substitute	<input type="radio"/> Request for Release and Substitute Teachers (enter School Business Agreement in Digital Schools)			

(For business office use only)	\$ _____
Amount Encumbered	Vendor # _____ TC# _____

Total Estimated Expenses \$ _____

These two amounts should be the same.

_____	_____	_____	_____
Employee signature	Date	Principal signature	Date
_____	_____	_____	_____
Administrator signature	Date	Program coordinator signature	Date

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.

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