



# Conference Attendance and Reimbursement Request

## Part I – Conference Attendance Request

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

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

**Always attach a copy of the conference flyer.**

Type	Document	ARQ#	PO#	Amount
<b>Registration</b>	<input type="radio"/> Escape Requisition	_____	_____	\$ _____
	<input type="radio"/> Conference Registration Form attached			
<b>Lodging</b>	<input type="radio"/> Escape Requisition	_____	_____	\$ _____
	<input type="radio"/> Escape Requisition (air/train/car rental)			\$ _____
<b>Transportation</b>	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 __ = \$____			\$ _____
<b>Meals (per diem)</b>	<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** \$ \_\_\_\_\_

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

These two amounts should be the same.

## 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
								\$
								\$
								\$
								\$
								\$
<b>Amount due to employee</b>								<b>\$</b>

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
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