

CHECKLIST FOR CONFERENCE/WORKSHOPS AND MILEAGE REIMBURSEMENTS

****REQUEST FOR APPROVAL OF INSERVICE/BUSINESS CONFERENCE ATTENDANCE FORM –
SIGNED BY IMMEDIATE SUPERVISOR.**

****CONFERENCE “FLYER” WITH ITINERARY/AGENDA LISTED TO SHOW EVENT DETAILS SUCH AS
DATE, TIME, PLACE, ETC.**

****ORIGINAL RECEIPTS FOR ALL EXPENSES MUST BE INCLUDED. *MEAL RECEIPTS MUST BE
ITEMIZED TO SHOW WHAT ITEMS WERE PURCHASED, OR MEALS WILL NOT BE REIMBURSED.*
MEAL ALLOWANCE IS \$40.00 PER DAY MAXIMUM.**

****HOTEL FOLIO SHOWING FINAL ITEMIZED COST OF STAY.**

****WORKSHOPS WHICH TYPICALLY ONLY HAVE MILEAGE REIMBURSED SHOULD USE THE
SPECIFIC MILEAGE REIMBURSEMENT REQUEST FORM. MILEAGE MUST BE CALCULATED FROM
THE SCHOOL SITE TO THE EVENT AND BACK TO THE SCHOOL SITE.**



REQUEST FOR APPROVAL OF INSERVICE/BUSINESS CONFERENCE ATTENDANCE

From: _____ School Site _____

Name of Inservice/Business Conference _____

Name of Organization/Sponsor _____

Location _____

Dates(s) of meeting _____

District Employee Board Member P.O. # _____

Substitute needed Yes No

Source of funding for substitute _____

Estimated cost of attendance

Travel _____

Meals _____

Lodging _____

Registration _____

Other Expenses _____

Total Estimated Cost _____

Account to be charged _____

CASH ADVANCE

Cash advance needed? Yes No

If yes, amount required \$ _____

Date needed _____

Superintendent's approval

Received by _____

APPROVAL

Immediate Supervisor

Date

Department/Program Head

Date

Assistant Superintendent

Date

Submit AFTER approval by department administrator(s)



CONFERENCE EXPENSE ACCOUNTS
Report on Conference Expenses

P.O. # _____

Date _____ Conference Attended _____
Name _____ Where Held _____
Address _____ Dates _____

SOURCE OF FUNDING: _____

TRANSPORTATION

Automobile Mileage: _____ miles @ _____ ¢ per mile..... \$ _____

Public Carrier: Plane, Train, or Bus (Fare-Federal Tax Exempt)..... \$ _____
(Transportation Receipt in triplicate must be attached before payment can be made.)

Taxi, Bus Fares, or Parking \$ _____
(List destination: _____
i.e., Hotel to _____
Airport, etc.) _____

HOTEL — Receipted hotel bill in triplicate attached. (Must be submitted in triplicate before payment can be made.)

Room \$ _____
Professional Phone Calls \$ _____
Garage Rent \$ _____
Other Expenses (explain) _____ \$ _____

MEALS — Itemized for each day: breakfast, lunch, and dinner.

Date _____ Date _____ Date _____
Breakfast _____ Breakfast _____ Breakfast _____
Lunch _____ Lunch _____ Lunch _____
Dinner _____ Dinner _____ Dinner _____
Date _____ Date _____ Date _____
Breakfast _____ Breakfast _____ Breakfast _____
Lunch _____ Lunch _____ Lunch _____
Dinner _____ Dinner _____ Dinner _____

TOTAL OF MEALS \$ _____

CONFERENCE FEES, RECEIPTS ATTACHED \$ _____

TOTAL \$ _____

I certify that the above are actual and necessary travel expenses incurred for school district purposes and in accordance with the Education Code of the State of California.

LESS: Cash Advance \$ _____

NET (Returned or Payable) \$ _____

Signed _____

Approved _____
(Principal or Department Head)

Approved _____