

CONFERENCE / TRAVEL APPROVAL & EXPENSE CLAIM FORM

(Completed Part A form must be submitted 5 weeks prior to the conference)

PART A: PERMISSION TO ATTEND (Must be completed 5 weeks prior to registration or making reservations)

Substitute Required <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete and attach the Certificated Substitute Request Form						
Name of Employee:			School/District Dept.:			
Purpose of Meeting:			Date(s):			
Name of Organization:			Place:			
Charge Travel/Conference Expenses to Account #						
Date of Request:			Date of Board Approval:			
Itinerary	Date	(From) City	Approximate Departure Time	(To) City	Approximate Arrival Time	Method of Travel
	_____	_____	_____	_____	_____	<input type="checkbox"/> Private Auto <input type="checkbox"/> Air *
Estimated Expenses:		Airfare: \$ _____ *		Lodging: \$ _____ *		
Mileage rates and meals per diem can be found at:		Meals: \$ _____		Registration: \$ _____		
(http://gsa.gov/portal/category/100000)		Mileage: \$ _____		Other: \$ _____		
* Asterisk denotes Board approval required		Airport Parking: \$ _____		Sub @ \$115 per Day: \$ _____		
		Hotel Parking: \$ _____		Estimated Total Cost \$ _____		
PRE-APPROVALS:						
			<u>Signature</u>	<u>Date</u>		
Employee Signature			_____			
Principal / Administrator:			_____			
Asst. Supt., CBO or CTO:			_____			
Superintendent or Designee:			_____			
Categorical Administrator: <i>(For Compliance Verification)</i>			_____			
Fiscal Services: <i>(For Funding Verification)</i>			_____			

PART B: TRAVEL EXPENSE SUMMARY (Completed Part B form must be submitted within 2 weeks after the conference)

(For Use Upon Return From Trip)	Prepaid Items Purchase Order No. / Credit Card / Subs	Claim for Reimbursement (Original, Detailed Receipts Required)					
		Date	Date	Date	Date	Date	Date
Gratuity is not to exceed 20%; alcoholic beverages are NOT reimbursable.		Amount	Amount	Amount	Amount	Amount	Amount
Meal(s) per diem							Total
Registration \$							
Airfare *							
Lodging – Hotel, Motel, etc. * (Not reimbursable: in-room movie, wi-fi, and room service charges)							
Parking – Hotel / Airport							
Other / Sub Expense							
Total Personal Auto Mileage for Trip @ _____ ¢ per mile per GSA							
I certify that this claim meets the provisions of E.C. §35173 for Board members; E.C §44032, 44033 for employees, and is for actual and necessary expenses in accordance with adopted governing Board Policy/AR 3350, 3350.1, and 3350.2. Employee Signature: _____ Date of Claim: _____ Signature of Principal/Program Director: _____ Signature of Cabinet Member: _____		Total Amount of Reimbursable Items					
		Total of District prepaid items (Including Credit Cards, Sub & PO's)					
		TOTAL COST OF CONFERENCE					
		Approved: _____					Superintendent