

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT  
 375 Via Almar  
 Palos Verdes Estates, CA 90274

**CONFERENCE EXPENSE REFUND REQUEST**

Payroll Name \_\_\_\_\_ Date \_\_\_\_\_

Position Title \_\_\_\_\_ School/ Department \_\_\_\_\_

I hereby present my claim for refund for expense in connection with attendance at

\_\_\_\_\_ held in \_\_\_\_\_ on (dates) \_\_\_\_\_

as authorized by the Superintendent.

DATE: \_\_\_\_\_

Registration \_\_\_\_\_

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Hotel \_\_\_\_\_

Telephone \_\_\_\_\_

Parking \_\_\_\_\_

Taxi Fare \_\_\_\_\_

Air Fare \_\_\_\_\_

Automobile I drove a total of \_\_\_\_\_ miles in my automobile at \_\_\_\_\_ cents per mile = \$ \_\_\_\_\_.

Other Expense \_\_\_\_\_

TOTAL \_\_\_\_\_

TOTAL EXPENSE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Account Number \_\_\_\_\_ Approval \_\_\_\_\_  
 (Principal/ Dept. Head Signature required)

Please list all expenditures related to this conference and **attach itemized receipts** and submit to Accounting.

**DOCUMENTATION REQUIRED FOR ALL CLAIMED EXPENSES.**