

CONFERENCE/WORKSHOP REQUEST

ALL ARRANGEMENTS, INCLUDING REGISTRATION, ARE TO BE COMPLETED BY THE DISTRICT OFFICE. Please submit this request with all signatures and the funding source noted a minimum of 14 days prior to departure date.

CONFERENCE

Conference Name: _____ Attendees: _____
 Venue: _____
 City, State: _____
 Depart Date: _____ Return Date: _____

ESTIMATED EXPENSES (per person)

Registration: _____
 Lodging: _____
 Meals (see back): _____
 Airfare/Transportation: _____
 Luggage Fees: _____
 Substitute Costs: _____
 Parking (hotel/airport,etc): _____
 Other: _____
 TOTAL ESTIMATED COST: _____

TRANSPORTATION NEEDS

Driving only, using District fuel card Rental Car Needed
 Flight Needed (include copy of ID) Other:
 Name of driver(s) to adv. parking fees: _____

ADDITIONAL REQUESTS

Use this area to request specifics for flight times, hotels, or explain "other":

Brochure/flyer/information attached Request for Time Off to supervisor Transportation Request to supervisor

OBJECTIVES

How will attending this conference contribute to your overall professional development?

How will attending this conference benefit the district as a whole?

When and how will you share what you've learned with other staff members?

AUTHORIZATION

My signature states that I am aware that I am not to make ANY arrangements on my own. I am aware that this form is simply a request and I may be or declined permission to attend to my supervisor. I also am District funds. I will collect all

Attendee 1 Signature: _____ Date: _____
 Attendee 2 Signature: _____ Date: _____
 Attendee 3 Signature: _____ Date: _____

As a supervisor, I am granting my permission for the mentioned employees to attend this workshop/conference and know it may prevent them from attending their regular work day. I feel this training would be beneficial to the District as a whole and is good use of District funds. I am also granting permission for the authorized person at the District Office to make the necessary travel arrangements for these employees and am aware that the expenses may exceed the estimated amounts listed on this form.

Funding Source: _____
 Supervisor Signature: _____ Date: _____
 Superintendent Signature: _____ Date: _____

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Instructions and Information

All arrangements, including registration, are to be completed by the District Office. To ensure proper reimbursement/advances for expenses, please DO NOT make any arrangements on your own.

Note all estimated expenses for travel. The following amounts will be issued for all meal advances. Receipts are not required for meal checks issued in advance. Reimbursements for meals will equal receipt totals but will not exceed the allowances listed below. All travel arrangements will be completed by the District Office and a packet with all details will be provided with all information prior to your departure.

ADVANCE MEAL RATES	SUBSTITUTE RATES
Breakfast - \$10	Teacher ½ day - \$60
Lunch - \$13	Teacher full day - \$120
Dinner - \$23	Technology - \$12.37/hr
Banquets – note cost and provide information	Paraprofessional - \$12/hr
	Food Service Asst - \$12/hr
	Library Media - \$12.36/hr
	Custodian - \$12.27/hr
	Clerical/Accounting - \$12.27/hr
	Campus Supervisor - \$12.27/hr
	Maintenance - \$13.31/hr

Receipts are REQUIRED for all expenditures except meal advancements and should be submitted to the district office within 10 days of return from travel. If an expense claim is disallowed due to lack of documentation or inappropriate expenses, the employee may be personally responsible for any improper cost incurred. The district will not reimburse personal travel expenses including, but not limited to alcohol, entertainment, laundry, expenses of any family member who is accompanying the employee on district-related business, personal use of an automobile and personal losses or traffic violation fees incurred while on district business. (BP 3350) Reimbursements for unexpected costs will be issued with submittal of receipts.

GROUP TRAVEL

Groups of two or more attending the same conference will be expected to travel together. Signatures of all attendees must be present before any arrangements will be made. One driver per group will be advanced any parking, toll, or other fees. The same driver will be authorized to use a District fuel card and be responsible for collecting all receipts. Any special requests for private travel must be noted with submission of this request form. Private travel arrangements will be at the expense of the employee and will not be eligible for reimbursement. When appropriate, staff members will be expected to share a hotel room. Private rooms can be booked at the expense of the employee without reimbursement. Special requests for private lodging must be noted with submission of this request form.

FOR DISTRICT OFFICE USE ONLY Final Expenditures per Attendee			
REGISTRATION			
Total Cost:			
TRANSPORTATION			
Total Cost:			
LODGING			
Total Cost:			
MEALS			
Breakfast:		X \$10.00 =	
Lunch:		X \$13.00 =	
Dinner:		X \$23.00 =	
Banquet:		X \$_____ =	
Total Cost:			
ACTUAL FINAL COST:			
Prior to Departure: Sup. <input type="checkbox"/> Approval Calendar <input type="checkbox"/> Invite Sent <input type="checkbox"/> Registration Submitted <input type="checkbox"/> Transportation arrangements <input type="checkbox"/> Lodging arrangements <input type="checkbox"/> Credit Card Auth sent <input type="checkbox"/> to AP for meal check <input type="checkbox"/> Folder w/ info sent out		Upon Return: <input type="checkbox"/> Folder returned <input type="checkbox"/> Receipts collected (hotel, parking, etc) <input type="checkbox"/> Reimbursed for unexpected costs	