

CONFERENCE/WORKSHOP REQUEST

All arrangements, including registration, are to be completed by the employee. Please DO NOT make any arrangements until your Conference Request Form has been approved/signed by your Supervisor and the Superintendent. If you require assistance making arrangements, please contact the District Office. Please submit this request for approval a minimum of 14 days prior to departure date.

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

Attendees: _____
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

My signature states that I am aware that I am not to make ANY arrangements on my own until approved by my Supervisor and the Superintendent. I am aware that this form is simply a request and I may be declined permission to attend or declined reimbursement for expenditures until approved by the Superintendent. It is my responsibility to submit an RTO and Transportation Request promising that I am available to attend the conference on the mentioned dates and will only cancel under emergency circumstances to avoid wasting receipts and turn them in to the District Office upon return from travel.

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

As a supervisor, I am granting my permission for the mentioned employee(s) to attend this workshop/conference and know it may prevent them from attending their regular workday. I feel this training would be beneficial to the District as a whole and is good use of District funds.

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

CONFERENCE/WORKSHOP REQUEST

Instructions and Information

All arrangements, including registration, are to be completed by the Employee. To ensure proper reimbursement/advances for expenses, please **DO NOT** make any arrangements until your Conference Request Form as been approved/signed by your Supervisor and the Superintendent.

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.

ADVANCE MEAL RATES	SUBSTITUTE RATES
Breakfast - \$14	Teacher ½ day - \$75
Lunch - \$16	Teacher full day - \$150
Dinner - \$30	Technology - \$16.72/hr
Banquets – note cost and provide information	Paraprofessional - \$16.72/hr
	Food Service Asst - \$16.23/hr
	Library Media - \$16.72/hr
	Custodian - \$16.23/hr
	Clerical/Accounting - \$16.23/hr
	Campus Supervisor - \$16.23/hr
	Maintenance - \$18.27/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 \$14.00 =	
Lunch:		X \$16.00 =	
Dinner:		X \$30.00 =	
Banquet:		X \$_____ =	
Total Cost:			
ACTUAL FINAL COST:			
Prior to Departure: Sup. Approval Calendar Invite Sent Registration Submitted Transportation arrangements Lodging arrangements Credit Card Auth sent to AP for meal check Folder w/ info sent out		Upon Return: Folder returned Receipts collected (hotel, parking, etc) Reimbursed for unexpected costs	