



CONFERENCE/TRAVEL
PRE-APPROVAL FORM

(TURN IN 30 DAYS PRIOR TO CONFERENCE/TRAVEL)

Employee Attendee(s) Name(s) _____

Department/Site: _____ Date of Request: _____

Name of Conference/Activity: _____

Organization/Company Sponsoring the Conference/Activity: _____

Location of Conference/Activity: _____ Date(s) of Conference/Activity: _____

Purpose/Rationale (How will this conference/activity be of value to the District/school?): _____

Category: Please use actual costs when known, otherwise complete as estimates below	P.O.?	Reimb?	Estimated Total Cost
Conference Registration Fee(s)	<input type="text"/>	<input type="text"/>	\$
Certificated Substitute: _____ days @ \$125/day (incl. salary & statutory benefits)	N/A	N/A	\$
Classified Substitute: _____ hours	N/A	N/A	TBD by Business Office
Travel—Estimated Mileage: _____ miles @ \$0.535/mile	N/A	<input type="text"/>	\$
Travel—Airfare (round trip airfare including taxes and fees)	<input type="text"/>	<input type="text"/>	\$
Travel—Taxi/Shuttle	N/A	<input type="text"/>	\$
Lodging: _____ nights @ _____ /night	<input type="text"/>	<input type="text"/>	\$
Meals: _____ #Breakfast (\$12) _____ # Lunch (\$15) _____ # Dinner (\$28)	N/A	<input type="text"/>	\$
Other (Parking, Tolls, Conference Materials, etc.)	<input type="text"/>	<input type="text"/>	\$
		Total Costs	\$

I understand that my request is not granted until approved by site and district administration and that, once approved, costs may not exceed the above estimate without prior approval from an administrator. Reimbursements will be made in accordance with Board Policy and Administrative Regulation 3350. **Upon returning from an approved event, attendee must complete a separate PURCHASE EXPENSE CLAIM and/or a TRAVEL CONFERENCE-MILEAGE EXPENSE CLAIM form and attach a copy of this Conference/Travel PRE-APPROVAL form, the activity agenda/program, and all original itemized receipts for any out of pocket expenses.** Submit to supervisor within 3 to 5 days of return. Expenses submitted without original itemized receipts will not be reimbursed.

Requestor Signature: _____ Date: _____

Site Administrator Approval: _____ Date: _____

Funding Source: _____ Account Code: _____

Director of Curriculum & Instruction Approval: _____ Date: _____

Board Approval Date (if applicable): _____ Business Office Review: _____

Initials / Date