

COLUMBIA UNION SCHOOL DISTRICT

22540 Parrotts Ferry Rd.
Columbia, CA 95310
(209) 533-7700

CONFERENCE REQUEST AND EXPENSE FORM

INSTRUCTIONS: The employee shall receive approval from the Superintendent/Principal or designee. Obtain this approval by completing Section I. Complete Section II upon return from the conference with itemized receipts. Travel and conference expenses shall be in accordance with California Educational Codes, Sections 44016-44033. Reimbursement for conference expenses are to be in accordance with Board Policy Number 3350.

SECTION 1: CONFERENCE REQUEST	
Requested by: _____	Date: _____
Name of Conference: _____	
Location: _____	
Description of Conference: _____	
Means of Travel: <input type="checkbox"/> Private Car <input type="checkbox"/> District Van <input type="checkbox"/> Other: _____	
Estimated Costs:	
Registration: _____	<input type="checkbox"/> Purchase Order Needed
Lodging: _____	<input type="checkbox"/> Lodging Arrangements Needed
Transportation: _____	<input type="checkbox"/> District Fuel Card Needed (1-day prior to conference)
Other: _____	
Total Estimated: _____	
Attendance to the above conference is: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
Superintendent/Principal or designee signature: _____ Date: _____	
SECTION II: REIMBURSEMENT REQUEST (ACTUAL EXPENSES)	
<i>*Itemized receipts must accompany this reimbursement claims section in order to receive reimbursement (the district will not reimburse for receipts that are not itemized, alcohol or personal items)</i>	
Lodging _____	
*Breakfast (\$10 per diem) _____	
*Lunch (\$15 per diem) _____	
*Dinner (\$20 per diem) _____	
Miscellaneous (i.e. parking) _____	Total Reimbursement: _____
<i>*Per diem is limited to \$45.00 for meals for any 24-hour period (breakfast \$10, lunch \$15, dinner \$20).</i>	
I certify that the above claim is a true and accurate account of expenditure for the period indicated.	
ALL SIGNATURES ARE REQUIRED BEFORE PAYMENT WILL BE MADE	
Claimant Signature: _____	Date: _____
APPROVED FOR PAYMENT: DISTRICT OFFICE USE ONLY	
Superintendent/Principal or Designee Signature: _____ Date: _____	
Funding Source/Account: _____	