COLUMBIA UNION SCHOOL DISTRICT

CONFERENCE REQUEST/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. 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 I: CONFERENCE REQUEST

REQUESTED BY: _____ DATE: _____

NAME OF CONFERENCE: _____

LOCATION: _____ DATE(S): _____

BRIEF DESCRIPTION OF CONFERENCE: _____

MEANS OF TRAVEL: ☐ PRIVATE CAR ☐ DISTRICT VAN ☐ OTHER: _____

ESTIMATED COSTS:

Registration: _____ ☐ Purchase Order Needed

Lodging: _____ ☐ Lodging Arrangements Needed

Transportation: _____ ☐ District Fuel Card Needed (Check out the day **prior** to your conference)

Other: _____

Total: _____

ATTENDANCE TO THE ABOVE CONFERENCE IS: ☐ **APPROVED** ☐ **DENIED**

SUPERINTENDENT/PRINCIPAL OR DESIGNEE SIGNATURE: _____ Date: _____

SECTION II: REIMBURSEMENT REQUEST (ACTUAL EXPENSES)

Itemized receipts must accompany this reimbursement claim section in order to receive reimbursement (the district will not reimburse for receipts that are not itemized, alcohol or personal items)

Lodging	$ _____
Meals*	
Breakfast ($10.00 per diem)	$ _____
Lunch ($15.00 per diem)	$ _____
Dinner ($20.00 per diem)	$ _____
Miscellaneous: (i.e. parking)	$ _____

***Per diem is limited to $45.00 for meals for any 24 hour period (breakfast $10.00 per diem, lunch $15.00 per diem, dinner $20.00 per diem).**

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 #: _____