

**BUUSD Grant-funded REQUEST FORM
COURSE/TRAINING/WORKSHOP/CONFERENCE**

CHECK ONE: **BCEMS** **BTMES** **SHS/CVCC** **BUUSD**

EMPLOYEE NAME: _____

TITLE of Training/Workshop/Conference: _____

DATE(S) of Training/Workshop/Conference: _____

LOCATION of Training/Workshop/Conference (City & State): _____

SPONSOR of Training/Workshop/Conference: (Name & Complete Address)

- **DO NOT REGISTER UNTIL YOUR REQUEST IS APPROVED.**
- **IF YOU CANNOT ATTEND, YOU ARE RESPONSIBLE FOR NOTIFYING THE GRANT MANAGER AND YOU MAY BE RESPONSIBLE FOR THE COSTS IF AN REPLACEMENT CANNOT BE FOUND.**
- **ATTENDEES ARE REQUIRED TO SUBMIT A CERTIFICATE OF ATTENDANCE TO THE GRANT MANAGER.**
- **Attendees may be expected to share their learning with colleagues (for example: through meetings and/or inservice workshops).**

Registration Cost: \$ _____

Mileage: From _____ To _____ Total # of Miles: _____

Mileage reimbursement @ IRS rate, only when travel exceeds normal commute.

Airfare Cost: \$ _____

Other Transportation: From _____ To _____ Cost: \$ _____

Meals Cost: \$ _____ *Based on Actual Receipts. Not to exceed \$40/day.*

Lodging: Description _____ Cost \$ _____

Other: Description _____ Cost \$ _____

Total of all costs listed above: \$ _____

PAYMENT METHOD: Reimburse to Employee Purchase Order Requested

Reimbursement amounts based on receipts provided to BUUSD central office.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Director of Curriculum, Instruction & Assessment Signature: _____ Date: _____

_____ **Approved** _____ **Disapproved**

PO# _____ Funding Source: _____