

Conference & Travel Request

Employee Name: _____

Employee Signature: _____

Building: _____

_____ Classified
 _____ Licensed

_____ Confidential
 _____ Admin/Supervisor

Title of Conference: _____
(Attach brochure or other proof)

Location: _____

Dates: _____

of work days missed: _____

Please mark the appropriate box. This conference is:

Voluntary

Directed

Administrator Initials: _____

Sponsored by: _____

City/ State: _____

Do you require a substitute: _____

Sub Preference: _____

Explanation: Please comment below how this conference will assist you in carrying out the District's mission, strategic plan results, and/or your building school improvement plan, as well as how you will share the conference information/ materials with staff.

Other Staff Attending (carpooling is required): _____

| | Estimated Costs | FUND | FUNCTION | OBJECT | COST CENTER | AREA |
|-------------------------------------|-----------------|------|----------|--------|-------------|------|
| Registration Fee | _____ | | | | | |
| Mileage (attach proof, at IRS Rate) | _____ | | | | | |
| Meals not provided at conference | _____ | | | | | |
| Lodging | _____ | | | | | |
| Other: _____ | _____ | | | | | |
| Sub Cost | _____ | | | | | |
| ESTIMATED TOTAL REQUEST | _____ | | | | | |

 Administrator Signature & Date

 Supervising Director Signature & Date

 Director of Business Signature & Date

Prepayment Request for Conference Expenses

| | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--------------|
| Insert Date: | | | | | | | | | TOTAL |
| Breakfast | | | | | | | | | |
| Lunch | | | | | | | | | |
| Dinner | | | | | | | | | |
| Incidentals | | | | | | | | | |
| Taxi/Shuttle | | | | | | | | | |

| | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--------------|
| Insert Miles Driven | | | | | | | | | TOTAL |
| Mileage Calculation | | | | | | | | | |

Rate: 0-

| | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|
| TOTALS | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|

Please only enter items here that you would like to be prepaid for. Questions? Meal per diem amounts are based upon the rates at www.gsa.gov and include tax and tip.

If you have additional expenditures during your trip, submit an expense reimbursement request no more than 10 days after the conclusion of your trip.

Employee Signature & Date

Supervisor Signature & Date

Director of Business Signature & Date

Reminders:

1. Attach conference agenda or brochure.
2. You must carpool if multiple staff are attending. If you choose not to carpool, you will not be reimbursed for mileage.
3. Requests must be approved in full prior to any expense being incurred.
4. If flying or staying overnight, support for the airfare and the hotel cost estimate must be included.
5. Include support for Taxi/Shuttle costs if requesting prepayment.
6. Staff and Supervisor must sign off on all areas in order for the request to be processed.
7. All funding code information must be completed.
8. Complete all fields and submit for to BO at least 10 business days in advance.
9. If per diem is not requested you must submit itemized receipts to BO within 10 days after travel to be eligible for reimbursement.
10. Mileage is from home or work to event, whichever is closer. Attach proof of distance.
11. If requesting prepayment for meals, a detailed conference agenda must be included. The first and last day of travel are paid at 75%.
12. Park in Economy Parking at PDX. If you don't, you will only be reimbursed at the Economy rate.
13. Sub Rate is \$234.89 for licensed, \$201.01 when using the \$600 PD allowance.