

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
15959 EAST GALE AVENUE, P.O. BOX 60002
CITY OF INDUSTRY, CA 91716-0002

ADVANCE EXPENSE REQUEST

Conference or Meeting Attending: _____

Dates of Attendance: _____

Location: _____

_____ Days of Expense \$ _____

Transportation Via _____ \$ _____
(Method of Travel)

Registration Fees _____ \$ _____

Total Advance \$ _____

(Signature)