

Tracy Joint Unified School District  
**REQUEST FOR APPROVAL TO ATTEND CONFERENCE/WORKSHOP**

(Form must be submitted at least 30 days prior to conference/workshop date)

Permission is hereby requested to attend the professional meeting describe below:

Requested for: \_\_\_\_\_ Date \_\_\_\_\_ Site \_\_\_\_\_

Charge to \_\_\_\_\_  
Account Number \_\_\_\_\_ Name of Program/funding source \_\_\_\_\_

Name of Confrnce/Wrkshp \_\_\_\_\_ Sponsoring Organization \_\_\_\_\_

Dates \_\_\_\_\_ Days of Week \_\_\_\_\_ # of Days \_\_\_\_\_  
 All Day  AM  PM

Location \_\_\_\_\_ Superintendent \_\_\_\_\_ Date \_\_\_\_\_

All Employees: \_\_\_\_\_ Educational Services \_\_\_\_\_ Date \_\_\_\_\_  
Administrator/Supervisor \_\_\_\_\_

Certificated & \_\_\_\_\_  
Certificated Management Categorical \_\_\_\_\_ Date \_\_\_\_\_

**EXPENSE/TRAVEL EXPENDITURES:** All anticipated expenses must be indicated or they will not be eligible for reimbursement. Note: Registration Forms, Lodging Confirmations and Itemized Meal Receipts for all expenditures MUST accompany this form within 90 days for all reimbursements. Alcohol, tips over 15%, and delivery charges are *not* reimbursed. Meal receipts must be itemized.

<u>Estimated Cost - Complete Prior to Conference</u>	<u>Actual Cost</u>	<u>Reimburse</u>
<u>Cost of Substitute</u>	<u>Registration Fee</u>	
\$ per Day _____	District Pre-Paid <input type="checkbox"/> YES <input type="checkbox"/> NO	
# of days _____	Journal Transfer <input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>Registration</u>	Vendor _____	
Fee _____	Address _____	\$ _____
X # of Attendees _____	City, State, _____	Registration Fee
Total Registration _____	Zip _____	
<u>Lodging</u>	<u>Lodging</u>	
Cost Per Night _____	Will Hotel accept District check? _____	\$ _____
x # of Nights _____	Date check must be rec'd by Hotel _____	Lodging Fee
x # of Rooms _____	Vendor _____	
Total _____	Address _____	
<u>Mileage</u>	City, State, _____	
# of Miles _____	Zip _____	\$ _____
x (IRS) _____ 0.67	<u>Air Fare</u>	
X # of Attendees _____	Reimbursement? _____	\$ _____
Total Mileage _____	Old World Travel? _____	Air Fare Fees
<u>Air Fare</u>	Vendor _____	
# of Flyers _____	Address _____	\$ _____
X Airfare _____	City, State, _____	Cost of Meals
Total Air Fare _____	Zip _____	
<u>Meals</u>	<u>Meals</u>	
Breakfast _____	Max Meal \$17 tip \$2.55	\$ _____
Lunch _____	15% tip \$2.70	Miscellaneous
Dinner _____	\$34 \$5.10	
<u>Miscellaneous</u>		
_____		
<b>Total Conference Cost</b> _____	I certify that the above expenses are correct.	
	Employee Signature _____	
	Name (Print) _____	
	Address _____	
	City, State, Zip _____	

Supervisors' signature \_\_\_\_\_ Date \_\_\_\_\_ Total Reimbursement \$ \_\_\_\_\_  
updated 7/2023