

CARUTHERS UNIFIED SCHOOL DISTRICT

CONFERENCE / WORKSHOP REGISTRATION REQUEST

READ AND FOLLOW GUIDELINES ON REVERSE SIDE BEFORE COMPLETING THIS FORM.

Failure to comply with guidelines will result in delay of payment.

This form must be received by the District Office at least ONE MONTH prior to the proposed trip.

Employee: _____

Event Title: _____

Title: _____

Event Date: _____

Site: _____

Event Location: _____

Anticipated costs of conference/workshop:

Registration \$ _____

Lodging (Government / Event Rate) \$ _____

Meals (Per Diem) \$ _____

Mode of Travel: () Personal Vehicle () District Vehicle () Other

Transportation \$ _____

Other (Parking/Shuttles) \$ _____

CODE: _____ **TOTAL COST \$** _____

Do not make any reservations until approval is received from the district office.

Some workshops will not accept purchase orders. You may be required to pay the registration and submit receipts for reimbursement after attending. ****Event information and registration forms must be attached.**

Employee Signature: _____

Date: _____

Principal Signature: _____

Date: _____

Superintendent: _____

Approval Date: _____

**REIMBURSEABLE EXPENSES FOR TRAVEL
CONFERENCE/WORKSHOP - BUSINESS**

ADMINISTRATIVE POLICY AND PROCEDURE

The following items are reimbursable while on school business, attending conferences and workshops. All reimbursement amounts shall be limited to the total amount budgeted for travel expense.

REGISTRATIONS FEES: Necessary registration fees will be paid. Attach conference agenda, announcement or other supporting document relative to trip.

MEALS AND LODGING: Maximum daily allowance for meals is \$54.00. Itemizing meals is not required. A Per Diem Calculation sheet must be submitted to determine the per diem to be paid. When reserving hotel rooms it is necessary to ask for the local government rate and comply with the requirements set forth by the hotel.

<u>TOTAL PAID PER MEAL</u>	
BREAKFAST	\$ 13.00
LUNCH	15.00
DINNER	<u>26.00</u>
	\$ 54.00

Reminder: Meals provided as part of the conference fee are not reimbursable.

Receipts will be required for reimbursement of all hotel/motel expenses.

TRANSPORTATION: Transportation will be approved to provide reimbursement at the lowest possible overall cost based upon location, number of persons traveling, time constraints, and convenience. Claims for mileage reimbursement are not to exceed the current rate established by the Internal Revenue Services.

Necessary and required air transportation shall be at coach fare or lower. Ticket voucher and receipts are required.

Taxicab, bus fare, rail fare or parking may be claimed. Use of a rental car must be authorized at the time of the travel request approval. Receipts are required.

MISCELLANEOUS EXPENSES: Long distance telephone or fax charges are allowable for the purpose of conducting district business. RECEIPTS ARE REQUIRED.

CLAIM FOR REIMBURSEMENT OF TRAVEL EXPENSE:

A Travel Reimbursement Request must be submitted following the conference/workshop to claim reimbursement for out-of-pocket expenses.

CARUTHERS UNIFIED SCHOOL DISTRICT

PER DIEM CALCULATION SHEET

INSTRUCTIONS: If the cost of the meal is fully covered by the conference fee, no additional reimbursement may be claimed. Optional events (ie., evening banquet, guest speaker luncheons, etc.) selected by the employee will be reimbursed only to the district maximum amount allowable for that meal.

Employee: _____ Event Title: _____
 Title: _____ Event Date: _____
 Site: _____ Event Location: _____

<u>Date</u>	<u>Estimated Departure Time</u>	<u>Estimated Arrival Time</u>	<u>Conference/ Workshop Provided Meals</u>	<u>Meals Eligible for Per Diem Breakfast \$13, Lunch \$15, Dinner \$26</u>	<u>Daily Total</u>
_____	_____	_____	Breakfast/Lunch/Dinner	Breakfast / Lunch / Dinner	_____
_____	_____	_____	Breakfast/Lunch/Dinner	Breakfast / Lunch / Dinner	_____
_____	_____	_____	Breakfast/Lunch/Dinner	Breakfast / Lunch / Dinner	_____
_____	_____	_____	Breakfast/Lunch/Dinner	Breakfast / Lunch / Dinner	_____
_____	_____	_____	Breakfast/Lunch/Dinner	Breakfast / Lunch / Dinner	_____

CODE: _____ TOTAL COST \$ _____

Employee Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Superintendent: _____ Approval Date: _____