

LOMPOC UNIFIED SCHOOL DISTRICT
Conference Request Travel Form – Required Prior to Travel

Note: This form approves funding and funding source only. It does not guarantee substitutes.
Please call in absence and send the School Business Release Time Request form at the time this form is submitted for approval.

PLAN IN ADVANCE

1. All travel must:
 - a. Specifically focus on meeting goals in the Single School Plan for Student Achievement (SPSA), Local Control Accountability Plan (LCAP), or grant requirements
 - b. Demonstrate potential of benefit for site or District
2. This form and Trip Request Form must accompany the request for reimbursement.
3. **All out of county and/or state travel** must be **pre-approved** by the Site Principal/Supervisor, District Director **and** Department Assistant Superintendent via this form. Superintendent approves travel for Principals and Assistant Superintendents via this form.
4. Out of state travel requires Board approval. Please allow 3-4 weeks for processing.

FILL OUT BLANK SECTIONS BELOW

Name of Conference:			
Conference Location:		Date:	
Closer Alternative Conference:			
Location:		Date:	
Attendees:			
School/Department:			
Trip Request #			

SCHOOL SITE/LOCAL CONTROL ACCOUNTABILITY PLAN REFERENCE

Page#		Goal#		Action:	
Budget:					

TOTAL BUDGET COST (MUST BE COMPLETED)			NOTE: Please attach Board Policy (BP 3350 and AR 3350)
1	Registration	\$	Conference registration
2	Lodging	\$	Hotel charges at State/Government Rate or lowest available rate
3	Parking	\$	Self-parking – Valet parking requires pre-approval
4	Transportation	\$	District vehicle (complete Trip Request Form for approval)
5	Airfare	\$	
6	Mileage	\$	Check IRS Standard Mileage Rate - click HERE
7	Per Diem	\$	Breakfast \$17; Lunch \$18; Dinner \$34 (Click here to see AR 3350)
8	Substitute	\$	
9	Other	\$	
TOTAL		\$	

NOTE: Attach copy of conference registration overview, intent and specifics. Attach a narrative regarding any item above if needed for clarification.

SIGNATURES	APPROVED	DENIED
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Principal or Supervisor	Date	<input type="checkbox"/>	<input type="checkbox"/>
District Director/Program Coordinator	Date	<input type="checkbox"/>	<input type="checkbox"/>
Assistant Superintendent	Date	<input type="checkbox"/>	<input type="checkbox"/>
Superintendent - Principals & Assistant Superintendents only	Date	<input type="checkbox"/>	<input type="checkbox"/>