

**BUUSD REQUEST FORM**  
**COURSE/TRAINING/WORKSHOP/CONFERENCE**

CHECK ONE:  BCEMS       BTMES       SHS       BUUSD/OTHER

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE E-MAIL ADDRESS: \_\_\_\_\_

TITLE of Training/Workshop/Conference: \_\_\_\_\_

DATE(S) of Training/Workshop/Conference: \_\_\_\_\_

LOCATION of Training/Workshop/Conference (City & State): \_\_\_\_\_

SPONSOR of Training/Workshop/Conference: (Name & Complete Address) [Please attach flyer/printout]

**PURPOSE OF TRAINING** (why is it reasonable and necessary):

- **DO NOT REGISTER UNTIL YOUR REQUEST IS APPROVED.**
- **IF YOU CANNOT ATTEND, YOU ARE RESPONSIBLE THE COSTS IF AN REPLACEMENT CANNOT BE FOUND.**
- **ATTENDEES ARE REQUIRED TO SUBMIT A CERTIFICATE OF ATTENDANCE**
- **Attendees may be expected to share their learning with colleagues (for example: through meetings and/or in-service workshops).**
- **PLEASE NOTE: CERTAIN REIMBURSEMENTS ARE NOT ALLOWABLE UNDER SPECIFIC GRANT INVESTMENTS AND MAY BE DENIED. Please refer to the [Grant Procedure Manual](#).**

Registration Cost: \$ \_\_\_\_\_

Mileage: From \_\_\_\_\_ To \_\_\_\_\_ Total # of Miles: \_\_\_\_\_

*Mileage reimbursement IRS rate, only when travel exceeds normal commute. Submit a Mileage Reimbursement Form*

Airfare Cost: \$ \_\_\_\_\_

Other Transportation: From \_\_\_\_\_ To \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Meals Cost: \$ \_\_\_\_\_ *Based on Actual Receipts. Not to exceed \$40/day.*

Lodging: Description \_\_\_\_\_ Cost \$ \_\_\_\_\_

Other: Description \_\_\_\_\_ Cost \$ \_\_\_\_\_

Total of all costs listed above: \$ \_\_\_\_\_

**PAYMENT METHOD:** Reimburse to Employee (Not applicable to grants)      Purchase Order Requested

*Reimbursement amounts based on receipts provided to BUUSD central office.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grant Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved**       **Disapproved**      Funding Source: \_\_\_\_\_