

YREKA UNION SCHOOL DISTRICT
CONFERENCE/TRAVEL/WORKSHOP REQUEST/APPROVAL
 Please submit request to Principal 3 weeks in advance

Today's Date: _____

Name _____ District Office book hotel: Yes _____ No _____

District Office Book Conf: Yes _____ No _____

Address _____ Depart: __/__/____ Return: __/__/____

School _____

Principal Approval - Date _____

Conference Location _____

Conference* _____

Superintendent Approval - Date _____

* copy of completed registration form **MUST BE ATTACHED**

TRAVEL EXPENSE ESTIMATE or CLAIM [circle one]

Itemized Receipts must be attached for meals, lodging, registration, transportation, etc.

MEALS				OTHER				
Date	(B)\$14	(L)\$17	(D)\$32	Lodging	Registration Fee	Transportation	Amount	Specify
TOTALS								

For Request/Estimate:

Please complete what you estimate the expenses to be. This will help in reviewing your request and what the total costs will be to attend the workshop, conference, etc.

For Expense Claim:

I hereby certify that the expenses claimed hereon are actual; that they were expended in the performance of official district business and that no prior claim has been made for Any portion thereof. No alcohol or tobacco was purchased.

Claimant's Signature: _____

Total Reimbursement Claim \$ _____
(If applicable)

Date: _____

Claim Approved By: _____

Date: _____