

Sub approved by DEC:  
Yes\_\_ NO\_\_ N/A\_\_

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 String \_\_\_\_\_ Name of Program/funding source \_\_\_\_\_

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

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

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

Pre Conference Approval: \_\_\_\_\_ Educational Services \_\_\_\_\_ Date \_\_\_\_\_

Administrator/Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Certificated & Certified 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.**

Cost - Complete Prior to Conference	Vendor Prepayment Information	Reimburse																				
<u>Cost of Substitute</u> \$ per Day _____ # of days _____	<u>Registration Fee</u> District Pre-Paid <input type="checkbox"/> YES <input type="checkbox"/> NO  Journal Transfer <input type="checkbox"/> YES <input type="checkbox"/> NO																					
<u>Registration</u> Fee _____ X # of Attendees _____ Total Registration _____	Vendor _____ Address _____ City, State, _____ Zip _____	\$ _____ Registration Fee																				
<u>Lodging</u> Cost Per Night _____ x # of Nights _____ x # of Rooms _____ Total _____	<u>Lodging</u> Will Hotel accept District check? _____ Date check must be rec'd by Hotel _____  Vendor _____ Address _____ City, State, _____ Zip _____	\$ _____ Lodging Fee																				
<u>Mileage</u> # of Miles _____ x (IRS) <u>0.70</u> X # of Attendees _____ Total Mileage _____	<u>Air Fare</u> Reimbursement? _____ Old World Travel? _____  Vendor _____ Address _____ City, State, _____ Zip _____	\$ _____ Mileage																				
<u>Air Fare</u> # of Flyers _____ X Airfare _____ Total Air Fare _____		\$ _____ Air Fare Fees																				
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 15%;"></th><th style="width: 15%;">Total of Meals</th><th style="width: 15%;">Max Meal</th><th style="width: 15%;">15% tip</th></tr></thead><tbody><tr><td><u>Meals</u></td><td></td><td></td><td></td></tr><tr><td>Breakfast</td><td>_____</td><td>\$17</td><td>\$2.55</td></tr><tr><td>Lunch</td><td>_____</td><td>\$18</td><td>\$2.70</td></tr><tr><td>Dinner</td><td>_____</td><td>\$34</td><td>\$5.10</td></tr></tbody></table>		Total of Meals	Max Meal	15% tip	<u>Meals</u>				Breakfast	_____	\$17	\$2.55	Lunch	_____	\$18	\$2.70	Dinner	_____	\$34	\$5.10		\$ _____ Cost of Meals
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<u>Additional Costs</u> _____ _____ Total Conference Cost _____	I certify that the above expenses are correct.  _____ Employee Signature Name (Print) _____ Address _____ City, State, Zip _____	\$ _____ Additional Costs																				

Total Reimbursement \$ \_\_\_\_\_

Post Conference Approval/Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
updated 01/2025