

# CONFERENCE REIMBURSEMENT FORM (of actual expenses)

must be completed within 5 days upon returning from the conference

**ALL CONFERENCE AND TRAVEL MUST BE PREAPPROVED BY SUPERINTENDENT**

This form is to be used after attendance to conferences outside of the district to submit receipts for reimbursement. The conference agenda is a required attachment.

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Site: \_\_\_\_\_

Name of conference given in the pre-approval form: \_\_\_\_\_

**Itemized receipts required by Ed. code**

Registration \*Receipt required \$ \_\_\_\_\_  
 Lodging\* \*Receipt required \$ \_\_\_\_\_  
 Transportation-Commercial, Uber, Lft \*Receipt required \$ \_\_\_\_\_  
 Transportation-Personal\*\* (No./miles \_\_\_\_\_ x \$ .70/miles) \$ \_\_\_\_\_

Attach a copy of the Conference Agenda showing daily schedule/meals provided

\*No "other" room charges are allowed.

\*\*Start/End mileage from School Site (NOT residence) to Airport or Conference.

Departure from Santa Cruz/arrival to conference date and time: \_\_\_\_\_  
 (If you depart by 10 am, you will receive the breakfast stipend)

Departure from/Arrival to Santa Cruz from conference date and time: \_\_\_\_\_  
 (If you arrive after 5 pm, you will receive the dinner stipend.)

**Breakfast \$16, Lunch \$22, \$31 Dinner**

- \* If using receipts for each meal, it **MUST show ITEMIZED items** ordered - **each meal cannot exceed the meal limit.**
- \* If claiming the stipend amount for each meal, no receipts are needed-**Conference Agenda Required**
- \* No alcoholic beverages are allowed for reimbursement

**Meals:** \$69.00 Maximum stipend (Parking, Misc, etc.)

Date	Breakfast \$16	Lunch \$22	Dinner \$31	Daily Total	Other
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

~ If a meal is provided by the conference, you will not receive a stipend or reimb. for that meal.

~ All receipts must be attached to this form at time of submittal for reimbursement.

CONFERENCE REIMBURSEMENT REQUIREMENTS

Total Meals: \_\_\_\_\_

Total Other: \_\_\_\_\_

Employee signature \_\_\_\_\_ date: \_\_\_\_\_

Total Amt Claimed: \_\_\_\_\_  
 (receipts should total this amount)

Supervisor signature \_\_\_\_\_ date: \_\_\_\_\_

Less Advance: \_\_\_\_\_

Supt./Asst Supt./Dir.of Business Serv. \_\_\_\_\_ date: \_\_\_\_\_

Net Amt Due:\$ \_\_\_\_\_

**Updated 01.01.25  
 current mileage rate**