



# Farmersville Unified School District

## Conference Attendance Form Instructions

Requisitions for registration, lodging, transportation and rental vehicles must accompany the original request or be input into the Requisition Screen prior to submission. If Requisition has been input, write the requisition number at top of the Conference Attendance Form. After signatures are obtained for approval, route the yellow copy to purchasing along with the requisitions. If Board approval is required, include the Board agenda item. Retain the white and pink copy. Upon return, complete the left side of the white copy to request reimbursement for out-of-pocket expenses. Receipts are required for reimbursement of expenditures. If receipts have been lost or destroyed, document the expenditures on an "affidavit" form.

The following represents minimum expense documentation:

### A. Registration for Conferences/Meetings

1. Copy of brochure or similar conference announcement which establishes event dates, fees, and location.
2. List of individuals for whom costs are being claimed. Claims may be made for employees only.

### B. Lodging Expenses

1. Itemized receipt including the following:
  - a. Hotel (vendor) name and address.
  - b. Name of employee. If dual occupancy, indicate the name of other person occupying the room.  
If non-employee, attach specific Board action providing for payment for non-employee or refer to Policy/Administrative Regulation.
  - c. Room, rate tax, electricity surcharge. (Claim single rate if double occupancy by non-employee has been board approved)
  - d. Date of stay
  - e. For all other surcharges, indicate whether business or personal. The District does not reimburse for personal phone calls, movies, videos, use of an in-room snack bar unless substituted for a regular meal or for a gym fee.
2. Copy of brochure or similar conference announcement which establishes event dates, fees, and location.

### C. Travel

1. Car rental agreement, airline tickets or other documented travel costs reflecting destination and names of employees.
2. For reimbursement of miles driven in a private vehicle, including the beginning and ending odometer readings.
3. Copy of brochure or similar conference announcement which establishes event dates, fees, and location.

### D. Meals and Tips (Employees Only) See Board Policy 4133.

1. Attach receipts.
2. Costs should not exceed the maximum allowed. (Limits in listed high cost areas: \$10 breakfast, \$12 lunch, and \$26 dinner. In all other areas: \$9 breakfast, \$11 lunch, and \$24 dinner) plus tax.
3. Meal tips will be reimbursed at %15 of the actual meal costs.
4. If more than one employee, list the names of each employee for each meal being claimed.

### E. Meals and Tips (Including Non-Employees)

1. Attach receipts, listing employees and non-employees.
2. Attach specific Board authorization and articulated public purpose justifying expenditure.
3. Costs reimbursed as above (D2.)

# Farmersville Unified School District

## Pre- Approval Conference Attendance Form

Employee: \_\_\_\_\_

Position: \_\_\_\_\_

Work Site: \_\_\_\_\_

Others Attending: \_\_\_\_\_

Dates of Conference: \_\_\_\_\_

Title of Conference: \_\_\_\_\_

Location of Conference: \_\_\_\_\_

Summary of Conference Expectations (attach brochure): \_\_\_\_\_

Anticipated day, date and time of departure

Anticipated day, date and time of return

Method of Travel: ☐ District Car

☐ Other: \_\_\_\_\_

If car pool, list passengers: \_\_\_\_\_

Name of driver \_\_\_\_\_

| The following check list must be completed with all necessary forms attached to this request | Estimated Costs | Actual Costs<br>(Complete within 30 days after travel) |
|----------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------|
| <b>Registration</b>                                                                          |                 |                                                        |
| _____ Prepay (attach request for purchase)                                                   | \$ _____        | \$ _____                                               |
| _____ Reimburse (paid by employee)                                                           |                 |                                                        |
| <b>Lodging</b>                                                                               |                 |                                                        |
| _____ Prepay (attach request for purchase)                                                   | \$ _____        | \$ _____                                               |
| _____ Reimburse (paid by employee)                                                           |                 |                                                        |
| <b>Travel Costs</b>                                                                          |                 |                                                        |
| _____ Personal (_____ miles x rate _____)                                                    | \$ _____        | \$ _____                                               |
| _____ District Car (attach transportation request)                                           |                 | Beginning odometer _____                               |
| _____ Other                                                                                  |                 | Ending odometer _____                                  |
| Meals including Tips (itemized receipts required)                                            |                 |                                                        |
| See Board Policy 4133 for limits Other Costs                                                 | \$ _____        | \$ _____                                               |
| (receipts required)                                                                          | \$ _____        | \$ _____                                               |
| <b>Substitutes</b>                                                                           |                 |                                                        |
| _____ Substitute need for _____ days                                                         |                 |                                                        |
| _____ Substitute not needed                                                                  |                 |                                                        |
| <b>TOTAL</b>                                                                                 | \$ 0.00         | \$ 0.00                                                |

### Budget Number for Reimbursement Items or P.O. Number

| FD | RE | PY | GO | FN | OB | SI | MG | % | AMOUNT |
|----|----|----|----|----|----|----|----|---|--------|
|    |    |    |    |    |    |    |    |   |        |
|    |    |    |    |    |    |    |    |   |        |
|    |    |    |    |    |    |    |    |   |        |

**Board approval required for overnight conferences and for expenses in excess of \$250**

**Overnight student field trips and field trips not included in the Field Trip Book must receive Board approval.**

\_\_\_\_\_ Board approval has already been processed

\_\_\_\_\_ Board report will be forwarded

\_\_\_\_\_ Request for Board approval is attached

for the \_\_\_\_\_ Board meeting.

\_\_\_\_\_ Not a student field trip

### REQUEST/APPROVAL TO ATTEND CONFERENCE

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal or Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent of Designee

\_\_\_\_\_  
Date

### REQUEST FOR REIMBURSEMENT

I hereby certify that the above expenses are and were necessarily incurred in the performance of my official duty and further that no part of the above claim has heretofore been paid. There are no charges for alcoholic beverages on this claim.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal or Director

\_\_\_\_\_  
Date

|                                |          |             |
|--------------------------------|----------|-------------|
| Registered attendance on _____ | By _____ | Notes _____ |
| Registered attendance on _____ | By _____ | Notes _____ |
| Registered attendance on _____ | By _____ | Notes _____ |