

Tracy Joint Unified School District  
**REQUEST FOR APPROVAL TO ATTEND CONFERENCE/WORKSHOP**

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

(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

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.**

<u>Cost - Complete Prior to Conference</u>	<u>Vendor Prepayment Information</u>	<u>Reimburse</u>																
<u>Cost of Substitute</u>	<u>Registration Fee</u>																	
\$ per Day _____	District Pre-Paid <input type="checkbox"/> YES <input type="checkbox"/> NO																	
# of days _____	Journal Transfer <input type="checkbox"/> YES <input type="checkbox"/> NO																	
<u>Registration Fee</u>	Vendor _____																	
_____	Address _____	\$ _____																
X # of Attendees _____	City, State, _____	Registration Fee																
Total Registration _____	Zip _____																	
<u>Lodging</u>	<u>Lodging</u>																	
Cost Per Night _____	Will Hotel accept District check? _____	\$ _____																
x # of Nights _____	Date check must be rec'd by Hotel _____	Lodging Fee																
x # of Rooms _____	Vendor _____																	
Total _____	Address _____																	
<u>Mileage</u>	City, State, _____																	
# of Miles _____	Zip _____	\$ _____																
x (IRS) <u>0.725</u>	<u>Air Fare</u>	Mileage																
X # of Attendees _____	Reimbursement? _____																	
Total Mileage _____	Old World Travel? _____	\$ _____																
<u>Air Fare</u>	Vendor _____	Air Fare Fees																
# of Flyers _____	Address _____																	
X Airfare _____	City, State, _____	\$ _____																
Total Air Fare _____	Zip _____	Cost of Meals																
<u>Meals</u>																		
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;"><u>Total of Meals</u></th> <th style="width: 15%; text-align: center;">Max Meal</th> <th style="width: 15%; text-align: center;">15% tip</th> </tr> </thead> <tbody> <tr> <td>Breakfast</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$17</td> <td style="text-align: center;">\$2.55</td> </tr> <tr> <td>Lunch</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$18</td> <td style="text-align: center;">\$2.70</td> </tr> <tr> <td>Dinner</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$34</td> <td style="text-align: center;">\$5.10</td> </tr> </tbody> </table>		<u>Total of Meals</u>	Max Meal	15% tip	Breakfast	_____	\$17	\$2.55	Lunch	_____	\$18	\$2.70	Dinner	_____	\$34	\$5.10		\$ _____
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Dinner	_____	\$34	\$5.10															
<u>Additional Costs</u>		<b>Additional Costs</b>																
_____																		
<b>Total Conference Cost</b>																		
	I certify that the above expenses are correct.																	
	Employee Signature																	
	Name (Print) _____																	
	Address _____																	
	City, State, Zip _____																	

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

Post Conference Approval/Supervisor \_\_\_\_\_ Date \_\_\_\_\_