Saratoga Union School District

Conference/Workshop Request Form

LCAP:

Name(s) of Participant(s): *(Please attach additional paper with the same info if more space is needed.)*

_____ Department/Site: _____ Budget Code: _____

_____ Department/Site: _____ Budget Code: _____

Name of Conference/Workshop:_____ Date:_____

Trip Information:

To: (city)_____ (state)_____ Departure Date:_____ Return Date:_____

Substitute Needed: # of half-day sub _____ # of full-day sub_____ (enter "0" if no sub is needed)

Please do not make purchases until the request is approved.

Estimated Expenses Budget: Actual:

1. Substitute cost:
2. Registration Fee: ***(Please attach brochure/registration for event)***
3. Travel Expenses:

*Please read Board Policy 3350 and Administrative Regulations 3350 on district website for detailed information.

(Please attach travel map for driving distance)

3.1 Auto Miles [ ] @ $0.76*/mile x [ ] (# of vehicle)
*(*rate changes yearly based on federal law)*

Car-pool with: _____

3.2 Air Travel (coach only):

from [ ] to [ ]

3.3 Other transportation costs: (parking, taxi, rental car, etc.: please describe below)

_____

4. Lodging:

[ ] Night(s) @ [ ] x [ ] Room(s)

5. Meals: ***(Please find per diem rates at Per Diem Rates for California on the GSA website.)***

Explain your calculation here:

Total Cost:

Requested by: _____ Date: _____

(Please submit reimbursement forms and original receipts after the event.)

Approved by: _____ Date: _____

(Supervisor: please send one copy to Business Office once the request is approved.)

Notes:

CONFERENCE/WORKSHOP REQUEST FORM INSTRUCTIONS

APPROVAL PROCESS PRIOR TO CONFERENCE/WORKSHOP

Per Board Policy 3350 and Administrative Regulation 3350 on the district website, staff travel must by authorized in advance. It is the responsibility of the authorized traveler to use sound, prudent, and professional judgment when requesting travel approval. It is also the responsibility of the recommending and approving authority to determine the need, benefit, and appropriate use of employee time and SUSD funds. Designated approval authorities are responsible for the review and approval of expenditures and may deny approval if there is reason to believe that the expenditures are inappropriate or extravagant. Allowable expense reimbursements will consist of actual and necessary expenses incurred by any employee required to attend any activity covered by the definition of this policy.

Before processing any expenses for a Conference/Workshop, this form must be completed and approved as follows:

1. ***LCAP Box:*** Enter the Goal and Action number if applicable for LCAP expense.
2. ***Top Section:***
    a. Enter employee name(s);
    b. Department or Site;
    c. Budget Code (Cost Center);
    d. Name of Conference/Workshop;
    e. Date of Request for Approval to Attend Conference/Workshop;
    f. Trip Information (traveling to which City/State; Departure and Return Date);
    g. Enter number of half-day, full day or no sub is needed. If no sub is needed, enter 0.

    NOTE: Please do not any purchases until request receives Supervisor Approval.

3. ***Estimated Expenses Section:*** Please complete the budget only column for approval.
    a. ***Substitute Costs:*** Please enter estimated sub costs if known.
    b. ***Registration Fee:*** Enter cost of registration for Conference/Workshop. Enter 0.00 if cost of workshop is free. Include a copy of the Conference/Workshop Flyer and Agenda (if available) with this form.
    c. ***Auto Miles:*** Enter the number of miles driven to Conference/Workshop, airport, etc. The miles are calculated from your home work site to the location of the Conference/Workshop, airport, etc. Individuals who receive a monthly mileage stipend are not eligible for mileage reimbursement for travel within Santa Clara County. A copy of a Google Map or other appropriate document to support the number of miles claimed must be submitted with this form.
    d. ***Air Travel:*** Enter estimated costs including all fees and taxes in budget column. Enter city names from and to in text boxes.
    Air travel shall be arranged by the Site or District Administrator. If an employee wishes to secure their own airline travel, a supporting document showing the cost of the actual travel must be supplied with this document and approved ***before*** booking. Only coach travel is permissible. Costs for air travel must be at the lowest costs possible and employee/supervisor should review multiple airlines to find the lowest, reasonable option including baggage fees.
    Unallowable Airline Expenses:

a. ***Flight insurance will not be reimbursed.***
b. ***Employees may be reimbursed for the cost of luggage fees up to one booked bag unless prior approval is received for additional luggage on a case by case basis.***
c. ***Seat upgrades, seat selection, and early check in fees will not be reimbursed.***

e. ***Other Transportation Costs:*** Additional costs should be estimated for items such as Uber, taxi, airport parking costs, rental car, etc. Enter estimated amount in budget column and input what the costs are for in the text box.

f. ***Lodging:*** Enter estimated costs for lodging by entering the number of nights, rate for room (including all taxes and fees), and number of rooms. Enter estimated costs in budget column. Extra costs for in room charges will not be reimbursed such as room service, snacks, water, etc.
Hotel reservations will be made by the Site or District Administrator.

g. ***Meals:*** Enter estimated amount for meals in budget column.
Meals are reimbursed per the U.S. General Services Administration (GSA) website. SUSD will no longer collect receipts for meals and will instead provide a per diem rate. Enter the destination on the GSA website. This will go to a new page. Scroll down to the Meals & Incidentals Rates and Breakdown and select print. Employees will be eligible for the full rate of the First Day and Last Day of travel. A full day (includes an overnight stay the night before and the night of the day claimed) will be reimbursed for the M&IE Total amount less the individual rates for conference/workshop provided meals.

Example: Employee attends a three-day conference with travel beginning Sunday night and ending at the end of the day on Wednesday.

GSA U.S. General Services Administration

FY 2023 Per Diem Rates for ZIP 95073

Meals & Incidentals (M&IE) rates and breakdown

Primary Destination	County	M&IE Total	Continental Breakfast/Breakfast	Lunch	Dinner	Incidental Expenses	First & LastDay of Travel
Santa Cruz	Santa Cruz	$69	$16	$17	$31	$5	$51.75

Employee would claim:

Sunday – First day of travel $51.75
Monday - $36.00 ($69 less conference provided breakfast and lunch)
Tuesday - $52.00 ($69 less conference provided lunch)
Wednesday – Last day of travel $51.75
Total Meal Costs Claimed: $191.50

h. Enter total estimated conference expenses in the total box of the budget column.
i. Enter name of employee attending conference/workshop and date form was completed.
j. Approving Administrator must sign approval before costs are incurred.

Additional Guidelines:

a. **Prepaid Employee Expenses:** Any expenses paid by employee prior to attendance at conference/workshop will be reimbursed after the conference/workshop.
b. **Travel Advances:** Must have prior approval and arrangements must be made with the Business Office to complete a Travel Advance Request. If employee voluntarily cancels their attendance for conference/workshop, the travel advance may be required to be repaid to the district within 30 days of trip cancellation. Reason for cancellation will be reviewed on a case by case basis.

CONFERENCE/WORKSHOP REQUEST FORM INSTRUCTIONS

REPORTING ACTUAL EXPENSES AFTER CONFERENCE/WORKSHOP

After the conference/workshop event has occurred, the employee must submit a reimbursement for any out of pocket expenses incurred for review by the Administrator who provided approval for the event. After ensuring the reimbursement packet is complete, the Administrator will forward the packet to the Accounts Payable Department for processing of the reimbursement.

A complete packet shall have the following items:

a. Completed Travel Conference/Workshop Request Form with original signed approval and both budget and actual columns completed.
b. A copy of the Conference/Workshop Agenda.
c. Actual receipts for Registration, Airfare, Other Transportation Costs, and Lodging as applicable.
d. Copy of Google Map or other appropriate supporting documentation for any mileage claimed.
e. Copy of GSA Meals & Incidentals form applicable to place of Conference/Workshop location.

2. ***Estimated Expenses Section:*** Please complete the actual only column for approval.
   a. ***Substitute Costs:*** This box does not need to be completed. Please disregard.
   b. ***Registration Fee:*** Enter actual cost of registration for Conference/Workshop if paid by employee. A copy of the workshop registration receipt if paid by the employee must be submitted with this form to be reimbursed.
   c. ***Auto Miles:*** Enter actual costs for mileage Provide a copy of a Google Map or other appropriate document to support the number of miles claimed.
   d. ***Air Travel:*** Enter actual costs for flight(s) if paid by employee. Include copy of printed flight receipt showing actual costs.
   e. ***Other Transportation Costs:*** Enter any additional costs for items such as Uber, taxi, airport parking costs, rental car, etc. in the actual column if paid by employee. Actual receipts must be submitted with this form to be reimbursed.
   f. ***Lodging:*** Enter incurred costs paid by employee for lodging in actual column. Include a copy of the hotel bill with this form to be reimbursed.
   g. ***Meals:*** Enter actual amount for meals in the actual column and provide daily breakdown in the text box under "Explain your calculation here".
   Meals are reimbursed per the U.S. General Services Administration (GSA) website. SUSD will no longer collect receipts for meals and will instead provide a per diem rate. Enter the destination on the GSA website. This will go to a new page. Scroll down to the Meals & Incidentals Rates and Breakdown and select print. A copy of the printout must accompany this form to be reimbursed.
   Employees will be eligible for the full rate of the First Day and Last Day of travel. A full day (includes an overnight stay the night before and the night of the day claimed) will be reimbursed for the M&IE Total amount less the individual rates for conference/workshop provided meals per this example:

Example: Employee attends a three-day conference with travel beginning Sunday night and ending at the end of the day on Wednesday.

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Total Meal Costs Claimed: $191.50

h. Enter total actual Conference/Workshop expenses in the total box of the actual column to be reimbursed to employee.
i. Submit completed package to Administrator that approved attendance to Conference/Workshop for review.
j. Administrator initial top right hand corner of packet indicating review for completeness and accuracy has occurred and submit to the Business Office Accounts Payable Department for processing.