Conference & Travel Request

Employee Name: _____

Employee Signature: _____

Building: _____

Please mark the appropriate box. This conference is:

☐ Voluntary ☐ Directed

Administrator Initials: _____

☐ Classified ☐ Confidential

☐ Licensed ☐ Admin/Supervisor

Title of Conference: _____
(Attach brochure or other proof)

Sponsored by: _____

Location: _____

City/ State: _____

Dates: _____

# of work days missed: _____

Do you require a substitute: Yes

Sub Preference: _____

Explanation: Please comment below how this conference will assist you in carrying out the District's mission, strategic plan results, and/or your building school improvement plan, as well as how you will share the conference information/ materials with staff.

Other Staff Attending (carpooling is required): _____

Estimated Costs		FUND	FUNCTION	OBJECT	COST CENTER	AREA
Registration Fee						
Mileage (attach proof, at IRS Rate)						
Meals not provided at conference						
Lodging						
Other: N/A N/A N/A N/A						
Sub Cost						
ESTIMATED TOTAL REQUEST	$ 0.00					

Administrator Signature & Date

Supervising Director Signature & Date

Director of Business Signature & Date

Prepayment Request for Conference Expenses

Insert Date:								**TOTAL**
Breakfast								$ 0.00
Lunch								$ 0.00
Dinner								$ 0.00
Incidentals								$ 0.00
Taxi/Shuttle								$ 0.00
Insert Miles Driven								**TOTAL**
Mileage Calculation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	$ 0.00
Rate: .76								
TOTALS	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Please only enter items here that you would like to be prepaid for. Questions? Meal per diem amounts are based upon the rates at www.gsa.gov and include tax and tip.

If you have additional expenditures during your trip, submit an expense reimbursement request no more than 10 days after the conclusion of your trip.

Employee Signature & Date

Supervisor Signature & Date

Director of Business Signature & Date

Guideline & Policy Reminders:

1. Attach detailed conference agenda or brochure
2. You must carpool if multiple staff attend. If you choose not to carpool, you will not be reimbursed for mileage.
3. Requests must by approved in full prior to any expense being incurred.
4. If flying or staying overnight, support for the airfare and the hotel cost estimate must be included.
5. Include support for Taxi/Shuttle costs if requesting prepayment.

6 Staff and Supervisor must sign off on all areas in order for the request to be processed.

7. All funding code information must be completed.
8. Complete all fields and submit for to BO at least 10 business days in advance.
9. Per-Diem paid before conference for meals and miles, you must submit reasonable itemized receipts to BO within 10 days after travel to be eligible for reimbursement.
10. Pre-Diem/Prepayment for meals, a detailed conference agenda must be included. The first and last day of travel are paid at 75%
11. Mileage is from home or work to event, whichever is closer. Attach proof of distance.
12. Park in Economy Parking at PDX. If you don't, you will only be reimbursed at the Economy rate.
13. Sub Rate is $303.27 for licensed, $221.02 when using the $700 PD allowance