



OLD ADOBE UNION SCHOOL DISTRICT
CONFERENCE / MEETING / WORKSHOP
PRIOR TO TRIP PURCHASE ORDER REQUEST

PLEASE PRINT

Request Date: _____

PO NUMBER: _____

Name: _____

School / Department: _____

Conference / Meeting / Workshop Name: _____

Date(s): _____

Location: _____

A substitute/class coverage: ☐ will be required
☐ will not be required

No. of work days involved _____
No. of work hours involved _____

Substitute/coverage will be paid from Account: _____

Conference / Meeting / Workshop Account Code: _____

Payment Method for Registration, Lodging, Transportation:

☐ Purchase Order ☐ District Credit Card ☐ Employee Credit Card ☐ District Check

(All prepaids must be approved by the CBO. Employees will be held liable for all prepaids, if employee does not attend prepaid event).

Transportation: Please attach google maps milage printout to support milage.

Estimated Amount

☐ Auto: Total miles _____ @ \$0. _____ Per Mile ☐ Airplane ☐ Train ☐ Rental

		SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	Estimated Amount
Description	Dates								
(LIST ESTIMATED COST TO PROPERLY ENCUMBER)	Breakfast								
	Lunch								
	Dinner								
	Lodging								
	Registration								
	Parking								
	Tolls								
	other								
	other								
	other								
TOTALS									

Employee Signature

Admin / Supervisor Signature