Sub approved by DEC:
Yes ☐ NO ☐ N/A ☐

Tracy Joint Unified School District

REQUEST FOR APPROVAL TO ATTEND CONFERENCE / WORKSHOP

(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: _____ _____
Administrator / Supervisor — Educational Services — Date

_____
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.**

Cost - Complete Prior to Conference

Cost of Substitute
$ per Day _____
# of days _____ _____

Registration
Fee _____
X # of Attendees _____
Total Registration _____

Lodging
Cost Per Night _____
x # of Nights _____
x # of Rooms _____
Total _____

Mileage
# of Miles _____
x (IRS) 0.76
X # of Attendees _____
Total Mileage _____

Air Fare
# of Flyers _____
X Airfare _____
Total Air Fare _____

Meals	Total of Meals	Max Meal	15% tip	
Breakfast		$17	$2.55	
Lunch		$18	$2.70	
Dinner		$34	$5.10	

Additional Costs
_____ _____

Total Conference Cost _____

Vendor Prepayment Information

Registration Fee
District Pre-Paid ☐ YES ☐ NO

Journal Transfer ☐ YES ☐ NO

Vendor _____
Address _____
City, State, _____
Zip _____

Lodging
Will Hotel accept District check? _____
Date check must be rec'd by Hotel _____

Vendor _____
Address _____
City, State, _____
Zip _____

Air Fare
Reimbursement? _____
Old World Travel? _____

Vendor _____
Address _____
City, State, _____
Zip _____

I certify that the above expenses are correct.

_____
Employee Signature
Name (Print) _____
Address _____
City, State, Zip _____

Reimburse

$ _____ Registration Fee

$ _____ Lodging Fee

$ _____ Mileage

$ _____ Air Fare Fees

$ _____ Cost of Meals

$ _____ Additional Costs

Total Reimbursement $ _____

_____ _____
Post Conference Approval / Supervisor — Date

updated 01/2026