

**Santa Maria Joint Union High School District
REQUEST FOR PRIOR APPROVAL FOR CONFERENCE**

MUST BE RECEIVED BY BUSINESS SERVICES AT LEAST 2 WEEKS PRIOR TO THE EARLIEST REGISTRATION DEADLINE

Date of Request _____ Date of Conference _____

Name _____ Dept. _____ School Site _____

Destination _____ Purpose _____
(no abbreviations) (no abbreviations)

Funding Source _____

ESTIMATE EXPENSES:

Hotel _____ \$ _____ Prepay ☐

Registration _____ \$ _____ Prepay ☐

Transportation (76¢ per mile) = \$ _____

Meals _____ \$ _____

Substitutes _____ \$ _____

TOTAL \$ 0.00 _____

APPROVAL OF ESTIMATED EXPENSES

Department Chair: _____

Site Administrator: _____

CATEGORICAL ACCOUNTABILITY

PLAN TITLE _____

APPROVAL DATE _____ **GOAL** _____

PAGE _____ **SECTION** _____

SPECIAL PROJECTS SIGNATURE _____

This portion should be completed
immediately upon return from
conference.

REIMBURSEMENT

ITEMIZED EXPENDITURES

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
DATE								TOTAL
Lodging (attach receipt)								
Meals: Breakfast (\$23.00)								
Lunch (\$26.00)								
Dinner (\$38.00)								
Registration/Conference Fee (attach documentation)								
Mileage (attach Mapquest)								
Vehicle Rental (attach receipt)								
Other (Specify)								

I hereby certify that the above is a true and correct statement of my actual and necessary expenses incurred while on official business for the school district.

Claimant's Signature _____ Date _____

APPROVAL FOR PAYMENT OF FINAL EXPENSES

DEPARTMENT CHAIR: _____
Date _____

SITE ADMINISTRATOR: _____
Date _____

SPECIAL PROJECTS: _____
Date _____

Total Expense

Less Registration

Less Lodging

Less Other

TOTAL CLAIM

FOR DISTRICT USE ONLY /APPROVAL FOR PAYMENT

Account Number

Account Number

Business Services

Date