Santa Maria Joint Union High School District

HOW TO COMPLETE A TRAVEL AND CONFERENCE FORM

Revised 1/2/26

REQUEST FOR PRIOR APPROVAL:

This portion should be completed and received by the Business Office with all required signatures at least two **(2) weeks prior** (10 business days) to date of travel **or** date payment is due, whichever is **sooner**. *Note: Hotels require pre-payment be received 2 weeks prior to your stay. This means, if your registration payment does not have a due date, and you need hotel pre-payment, you **MUST** submit your T&C request at least four **(4) weeks prior** to your date of departure.

1. Date of Request – self-explanatory.
2. Date of conference – please enter dates of the conference you will be attending, including any pre-conference sessions.
3. Name – your name.
4. Department – your department (i.e., Math, English, Admin, etc.).
5. School – your school site (i.e. Righetti, Pioneer, Santa Maria, Delta, S.M. Public Library, etc.).
6. Destination – the location of the conference (i.e. Fresno, Sacramento, etc.).
7. Purpose – the name of the conference.
8. Funding Source – the name of the budget paying for the travel/conference.
9. Estimate Expenses:
   A. Hotel Name/Cost – the name of the hotel where you will be staying and the total cost including taxes. **ALL TRAVELERS MUST MAKE THEIR OWN HOTEL RESERVATIONS** unless person coordinating the trip has notified you that they have made all hotel arrangements. **If you would like the hotel prepaid you must:**
      1. Include the **CONFIRMATION NUMBER** for your reservation.
      2. Provide the **exact total amount for the room including all taxes** (available from the hotel).
      3. The check will be **mailed** out to the hotel (2) weeks prior to the trip.
      4. **You must provide an itemized receipt from check out** which indicates the deposit, room charges, taxes and a zero balance **due when filing your final claim**.
      5. **Other –** any other miscellaneous expenses you expect to incur other than those listed above – you must itemize and explain.
   B. **Registration** – the cost of registration including any pre-conference sessions. It is **your responsibility to complete the registration form** (or print out your registration form if you register on-line), and send with your Travel and Conference request form. If you would like your registration prepaid, **please include the original registration form,** and indicate on the Travel and Conference form **"Pre-Pay."**
   C. **Transportation – Mileage –** give the exact number of miles times rate for reimbursement amount (i.e. 392 x .72.5 cents per mile = $284.20). Use MapQuest figures for mileage and **attach a copy**. Round trip mileage is from **worksite NOT home**.
   D. **Meals –** No receipts will be required. Meals will be reimbursed at the ***Per Diem rate of $87.00 per day*** (or pro-rated as follows) for all conferences and/or required meetings held inside or outside of the district boundaries.

Breakfast	$23.00
Lunch	$26.00
Dinner	$38.00
Total:	**$87.00 PER DAY**

E. **Substitute** – cost of a substitute is $150/day with benefits.

10. Total estimated expenses.
11. **Approval of Estimated Expenses** – Dept. Chair and Principal must sign.
12. **Categorical Accountability** – Fill in as appropriate for funding source.

Hotel checks are no longer available for pickup. They will be mailed out prior to your trip unless other arrangements are made with the hotel.

If you would like registration or hotel prepaid you must indicate on the travel/conference form. If the form does not indicate to be prepaid – no check will be issued.

REIMBURSEMENT SECTION: ITEMIZED EXPENDITURES:

This portion MUST be completed upon returning (NOT BEFORE THE CONFERENCE) from the conference, even if NO reimbursement is due.

1. **Lodging** – cost of room plus tax only. Must have an original itemized receipt from checkout which indicates a **zero** balance.
2. **Meals** – enter **actual amount** for all meals not included as part of conference, **AND** not including expenses incurred by guest.
3. **Registration/Conference Fee** – cost of registration including any pre-conference sessions (a copy of the registration must be attached).
4. **Mileage** – give the exact number of miles times rate for reimbursement amount (i.e., 392 miles x .72.5 cents per mile = $284.20). Use a MapQuest for figures and **attach a copy**. Roundtrip is from worksite **NOT** home.
5. **Bus/Taxi, etc**. – enter cost of bus/taxi/shuttles. Receipt required.
6. **Other** – cost for incidentals such as parking. Receipt required.
7. **Claimant's signature** – your signature.
8. **Total Claim** – Total of all expenses.
9. **Approval for Payment of Final Expenses** – Dept. Chair and Principal must sign.

The District's Board Policy and Administrative Regulation covering travel expenses and related reimbursements is #3350 and can be found on the District's website.

The District does not pay for extra miles, extra meals, meals included in the registration, or extra days. (i.e. if you go to the conference early or stay after). The District may limit number of vehicles going to a conference – carpooling is more cost effective. Sharing rooms is encouraged to stretch our funds (no coed allowed). If spouses attend the District will only pay ½ the room if you could have shared with someone else.

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 (72.5¢ per mile) = $ _____

Meals $ _____

Substitutes $ _____

TOTAL **$** _____

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.

Total Expense	
Less Registration	
Less Lodging	
Less Other	
TOTAL CLAIM	

_____

Claimant's Signature **Date**

APPROVAL FOR PAYMENT OF FINAL EXPENSES

DEPARTMENT CHAIR: _____
Date

SITE ADMINISTRATOR: _____
Date

SPECIAL PROJECTS: _____
Date

FOR DISTRICT USE ONLY /APPROVAL FOR PAYMENT

_____
Account Number

_____
Account Number

_____
Business Services **Date**

WHITE COPY TO BUSINESS SERVICES – YELLOW COPY TO SUPERVISOR 1/2/26 - U:\Forms\TravelConference.doc