

**Buckeye Union School District
Conference Request and Report Form**

Name_____ School_____ Date_____

Conference/Activity_____ Sponsored by_____

Location_____ Reason for Attendance_____

Leaving on_____ at _____ Returning on_____ at _____
(date) (time) (date) (time)

Budget Code_____

Projected Cost:	Registration Fee	\$ _____
	Travel Expense	\$ _____
	Lodging	\$ _____
	Meals (See back)	\$ _____
	Other (Itemize on reverse)	\$ _____
	Release Time ____ days @ _____	\$ ⁰ _____
	(rate includes taxes, etc....)	
	Total Anticipated Cost	\$ ⁰ _____

Note: If Registration/Travel/Lodging is to be paid in advance or to be arranged by the business office, attach Purchase Order(s) and Registration form.

Approved by_____	_____	_____	_____
Supervisor	Date	District Office	Date

To Be Completed After Attendance

Travel Expense Voucher – **Attach Receipts**

I hereby certify the following expenses are the actual and necessary costs incurred in the performance of my duties at the above, approved conference/activity:

	<u>Total Reimbursement</u>
Registration Fee	\$ _____
Travel (Public Carrier)	\$ _____
(Private/Mileage)_____ miles @ _____ p/mile	\$ ⁰ _____
Lodging_____ nights @\$ _____/night	\$ ⁰ _____
Meals	\$ _____
Other_____	\$ _____
Total Due to Employee	\$ ⁰ _____

Signature of Traveler	Date	Approved by Supervisor	Date
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To assist you with estimating meal costs, circle the appropriate meal(s) and total the amount.

	<u>Day 1</u>	<u>Day 2</u>	<u>Day 3</u>	<u>Day 4</u>	<u>Day5</u>
Breakfast	18	18	18	18	18
Lunch	22	22	22	22	22
Dinner	40	40	40	40	40
Full Day	80	80	80	80	80

\$_____ Total Estimated Meal Cost

The above rates are the maximum per meal rates (maximum of \$80.00 per day), including gratuity, established by the meal reimbursement policy effective April 1, 2024. Please refer to the policy in its entirety if more information is needed. Receipts are required for reimbursement, this is only a guideline to be used for estimating costs.

Other items to be included in the estimated costs:

Parking \$_____per day for ____ days = \$0

Tolls _____

Misc. Tips / Other _____

Total Other \$0

Instructions for completing the Conference Request and Report Form

1. Complete the top half of the form, including supervisor's signature, noting only those items to be paid by the district. Use the guideline above to help you with a detailed cost estimate. Attach completed and signed purchase orders and registration forms as appropriate. Forward the entire package to the District Office. After District Office review, it will be returned to you.
2. After attending the conference, complete the bottom half of the form and attach your receipts. Sign the form and have your supervisor sign the form. Forward to the District Office for payment processing.