

*****CONFERENCE ATTENDANCE REQUEST*****

INSTRUCTIONS: Form should be completed and submitted at least 10 days prior to departure. Appropriate literature regarding conference should be attached.				
APPLICANT'S NAME		SCHOOL	TITLE OF CONFERENCE	
PURPOSE	LOCATION	MODE OF TRAVEL	CONFERENCE DATES	
ATTENDANCE DATE	TRAVEL DATES	PAYMENT SOURCE	SUB REQ'D	DATES SUB REQ'D
			Yes () No ()	
ESTIMATED EXPENSES		SIGNATURES		
Registration	\$	Applicant's Signature & Date:		
Accommodations				
Meals		Supervisor's Signature & Date:		
Travel (.58/mi)				
Substitute(\$65/da)		Superintendent's Signature & Date: () Approved		
Other (Specify)				
Total	\$	() Not Approved		

*****ACTUAL REIMBURSEMENT REQUEST*****

INSTRUCTIONS: This form should be submitted within 5 workdays following return. Expenses must be entered by day. Receipts and tickets for all expenditures must be attached. Only ORIGINAL itemized receipts and tickets will be reimbursed.								
Date								
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	ITEM TOTALS
Registration								
Hotel Per Day + Tax								
Breakfast								
Lunch								
Dinner								
Air Fare								
Taxi/Bus								
# of Miles								
Miles X rate (Multiply)								
Parking tolls								
Other Expenses (Specify)								
DAILY TOTAL								
I CERTIFY UNDER PENALTY OF PERJURY THAT THE AFORENOTED EXPENSES ARE TRUE AND ACCURATE							Total Reimbursement \$	
SIGNATURE of APPLICANT for REIMBURSEMENT & DATE								
AUTHORIZATION of PAYMENT By SUPERINTENDENT								

TRAVEL CLAIMS

APPROVAL:

1. Attach a copy of the conference announcement to your Conference Travel Request and Reimbursement Form. The top portion of the form should be completed in its entirety. In the middle of the top section, please put the source of funds being used to pay for conference.
2. Submit the request to the Superintendent's Office for approval at least 10 days prior to departure.
3. The approval request will be returned to you by mail or fax.
4. After you attend the conference, complete the bottom portion of the reimbursement form. Attach ORIGINAL receipts and a conference agenda to the form. Please remember to sign the request form.
5. Submit to Central Office for payment. Travel payments must be received by the 5th of the month for payment by the 10th.

MILEAGE:

- Mileage is reimbursed at the state approved rate (currently _____ per mile).
- Claim mileage from your school site to destination and return to school site unless your home is fewer miles.

MEALS:

- Meal tax is reimbursable.
- Gratuities and alcoholic beverages are not reimbursable.
- *Meal tickets must be original, detailed tickets (credit card receipts are not acceptable unless they are detailed). Tickets should include restaurant name, date of meal, and should only include **one person's meal**.*
- Meals charged on your hotel room bill are not acceptable unless you have a separate itemized ticket.
- If a meal is provided in your registration cost, you will not be reimbursed for this meal if you choose to dine out.
- The following guideline should be used for meal reimbursement:
 - Breakfast - \$10.00 maximum
 - Lunch - \$15.00 maximum
 - Dinner - \$20.00 maximum

LODGING:

- Lodging tax is reimbursable.
- Personal phone calls, movie rentals, and gratuities are not reimbursable.
- Room receipts must be original and detailed.