

CONFERENCE REQUEST & REIMBURSEMENT FORM

Name:

Employee ID:

Date of Request:

Please use this form to receive pre-approval to attend a conference. Fill out all applicable information and enter estimated costs for each section. Indicate whether the cost will be paid for by the district or the employee. After the completion of the conference, please complete the remainder of this form by inputting the actual costs incurred for each section. If you require an employee reimbursement, please submit this form to the Business Office. **You must also complete the district mileage reimbursement form separately and list out detailed mileage information.** Please include all original receipts for all costs incurred.

| | | | | | |
|------------------|---|------------------|---------------|----------------------|----------------------|
| Section 1 | Conference Title: _____ | Estimated | Actual | District Paid | Employee Paid |
| | Conference Date(s): _____ | | | | |
| | Conference Location: _____ | | | | |
| | Registration Fees: _____ | \$ _____ | \$ _____ | | |
| | Substitute Costs: # Days _____ x Sub Rate \$ _____ Plus 17% Fringe Benefits | \$ _____ | \$ _____ | | |

| | | | | | |
|------------------|--|------------------|---------------|----------------------|----------------------|
| Section 2 | TRANSPORTATION: | | | | |
| | Personal Vehicle (circle one): Yes or No | Estimated | Actual | District Paid | Employee Paid |
| | Number of miles: _____ X Current Year Per Mile Rate (See Mileage Reimbursement Form) | \$ _____ | \$ _____ | | |
| | Parking: _____ Tolls: _____ | \$ _____ | \$ _____ | | |
| | Transportation Type: _____ | \$ _____ | \$ _____ | | |

If personal vehicle is not used, please describe the transportation type below:

| | | | | | | | | | | | |
|------------------|-----------------------|--------------------------|-------|-------|-------|----------------------|---|---------------|----------------------|----------------------|-------|
| Section 3 | LODGING: | | | | | | Estimated | Actual | District Paid | Employee Paid | |
| | Hotel: _____ | | | | | | \$ _____ | \$ _____ | | | |
| | MUST PROVIDE RECEIPTS | | | | | | Enter actual meal expenditures after completion of conference in the table to the left. Review daily max for meals prior to conference. Alcohol purchases and sales tax will not be reimbursed. | | | | |
| | MEALS | Date | Day 1 | Day 2 | Day 3 | Day 4 | | | | | Day 5 |
| | | Breakfast (\$10 per day) | | | | | | | | | |
| | Lunch (\$15 per day) | | | | | | | | | | |
| | Dinner (\$25 per day) | | | | | | | | | | |
| | Daily Total | | | | | | | | | | |
| | | | | | | Meals Total \$ _____ | | | | | |

| | | | | | |
|-----------------------------|-----------------------|--|---------------|--|--|
| Section 4 | Account Number | | Amount | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Requestor's Signature _____ | | Administrator/Supervisor Signature _____ | | Total District Paid Costs: \$ _____ Total Employee Paid Costs: \$ _____ | |
| _____ | | _____ | | Reimbursement Signature (Business Office) _____ | |