

San Marino Unified School District

Conference Request Form

(All Conferences Must be Approved Prior to the Conference Date(s))

| | | |
|---|-------------------------|-----------------------------|
| Attendee Last Name | First Name | |
| School Site/Department | Position | Grade/Subject |
| Conference Title | Sponsoring Organization | |
| Location (City, State) | Conference Date(s) | Date(s) Substitute Required |
| Funding Source Title | Account # | |
| How is this conference related to district, school, or grant goals? | | |
| | | |
| | | |
| | | |

Please complete cost estimates carefully. Attendees will be reimbursed for pre-approved expenses only up to the maximum of per diem allowances as defined by the current government rate for the city in which the conference is being held. Refer to (<http://policyworks.gov/org/main/mt/homepage/mtt/perdiem/perd04d.html>)

***Include a copy of registration form, flyer/brochure and a copy of Requisition (when appropriate)**

| | |
|--------------------------------------|--|
| Registration | |
| (req# _____) * | |
| Transportation (plane / train / bus) | |
| Hotel | |
| Meals | |
| Other | |
| Subtotal (excluding sub cost) | |
| Substitute Cost | |
| Total | |

Business Office will complete these columns

| | |
|---------|--------------|
| Paid to | Reimburse to |
| Vendor | Employee |
| | |
| | |
| | |
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| | |
|-------------------------------|----------------|
| Conference Attendee Signature | Date Submitted |
|-------------------------------|----------------|

Routing: Attendee; Site Administrator, Program Administrator, Assistant Superintendent; Business Office; Confirmation to Employee.

Approvals:

| Site Administrator | | Program Administrator | | Assistant Superintendent | | Board |
|--------------------|------|-----------------------|------|--------------------------|------|-------|
| Initials | Date | Initials | Date | Initials | Date | Date |
| | | | | | | |