

**SAN MARINO UNIFIED SCHOOL DISTRICT
REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES
FOR AUTHORIZED EXPENDITURES**

(Original Receipts Must Be Attached)

NAME: _____ **Date:** _____

Conference Attended: _____

Location: _____ **Date:** _____

† Receipts must be original for the recipient only, and those directly related to attendance. Employees will be reimbursed for a sum not to exceed maximum of per diem allowance as defined by current Government Allowance (<http://policyworks.gov/org/main/mt/homepage/mtt/perdiem/perd04d.html>)

Transportation to and from the Conference

Via: Plane/Train/Bus _____ \$ _____

Via: Personal Automobile _____ miles @ per diem rate \$ _____
(Note: † Reimbursed at less of Auto or Plane Fare per diem)

Accommodations:

Hotel for: _____ nights @ \$ _____ per night per diem \$ _____

Meals

Date: _____
Breakfast: \$ _____
Lunch: \$ _____
Dinner: \$ _____ \$ _____

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Breakfast: \$ _____
Lunch: \$ _____
Dinner: \$ _____ \$ _____

Conference Fees: ~ _____ P.O. # _____ \$ _____

Parking: \$ _____ \$ _____

TOTAL REIMBURSEMENT REQUESTED: \$ _____

(Note: Cannot exceed Board Authorized Amount)

I hereby certify by my signature below that the expenses listed for conference attendance are actual and necessary, and I haven't profited financially from the transaction.

Employee Signature: _____ **Date:** _____

Administrator's Signature: _____ **Date:** _____

Accounting Department: _____ **Date:** _____

Account Distribution: _____

Certificated employeeeg are required to submit a Conference Report within 15 days from the closing date of conference to the Administrator and Assistant Superintendent of Instruction.