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? _____

Complete cost estimates carefully. Reimbursement is limited to pre-approved expenses and may not exceed the applicable GSA per diem rates for the conference location: https://www.gsa.gov/travel/plan-book/per-diem-rates.

Review the District Conference Procedures for additional details and exceptions: https://smusd.info/conferenceprocedures.

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

Registration (req#_____) *	$0.00
Transportation (plane / train / bus)	$0.00
Hotel	$0.00
Meals	$0.00
Other	$0.00
Subtotal (excluding sub cost)	$0.00
Substitute Cost	$0.00
Total	$0.00

Business Office will complete these columns

Paid to Vendor	Reimburse to Employee

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