

**Parlier Unified School District  
CONFERENCE ATTENDANCE AND REIMBURSEMENT REQUEST**

**PART I – CONFERENCE ATTENDANCE REQUEST**

To be completed 15 working days prior to registration deadline. Submit form & backup documents to the Assistant Superintendent.

Employee name	School/Department	Budget Code ----- - <b>52000</b> - ----- Fd Rs Fy Gl Fn OBJ Si L1 L2
Conference Location	Date	Conference Title

**The following items are necessary to complete your request**

- Academic Justification form is attached       Complete copy of the conference flyer is attached

		Req#	PO#	
<b>Registration</b>	<input type="checkbox"/> Requisition to conference sponsor	<input type="text"/>	<input type="text"/>	\$ _____
	<input type="checkbox"/> Paid by employee to be reimbursed			
<b>Lodging</b>	<input type="checkbox"/> Requisition to hotel	<input type="text"/>	<input type="text"/>	\$ _____
	<input type="checkbox"/> Paid by employee to be reimbursed			
<b>Transportation</b>	<input type="checkbox"/> Application for Use of Vehicle/Rental (School Dude)	<input type="text"/>	<input type="text"/>	\$ _____
	<input type="checkbox"/> Gas card (only if above checked)			
	<input type="checkbox"/> Personal vehicle – Estimated round trip miles _____ X mileage rate _____			
<b>Meals</b>	<input type="checkbox"/> Per Diem (Breakfast \$ 15; Lunch \$ 16; Dinner \$ 28)	<input type="text"/>	<input type="text"/>	\$ _____
<b>Substitute</b>	<input type="checkbox"/> Request for Release and Substitute Teacher			\$ _____
		----- - <b>11001</b> - -----		
<b>AMOUNT ENCUMBERED</b>	\$ _____	<b>TOTAL ESTIMATED EXPENSES</b>	\$ _____	

_____ Applicant signature	_____ Date	_____ Principal signature	_____ Date
_____ Administrator signature	_____ Date	_____ Program coordinator signature	_____ Date

**PART II – REQUEST FOR REIMBURSEMENT**

To be completed within 10 days after the conference. Make sure your conference flyer is still attached. Attach all required (\*), detailed receipts. **No receipts are required for Per Diem.** Obtain employee signature and supervisor approval when complete.

DATE	BKFST	LUNCH	DINNER	MILEAGE	LODGING *	REGIST *	OTHER *	TOTAL
<b>Amount due to employee</b>								

I certify that the expenditures incurred were for the benefit of employees or trustees of the District and any expenditure for non-employees will be reimbursed to the District. I further certify that items purchased constitute a legal claim against the District and that no prohibited items (alcohol, tobacco, etc.) are included.

_____ Employee signature	_____ Date	_____ Supervisor/Manager/Administrator signature	_____ Date
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