



**ATTENDANCE AT CONFERENCES, WORKSHOPS & MEETINGS**

A. This form is to be used by all personnel who request permission to attend conferences, workshops or meetings. Expenses will not be paid/reimbursed unless meetings and estimated expenses have prior approval and **ORIGINAL** receipts are submitted immediately after attendance.

B. EXPENSES WILL BE REIMBURSED ON THE FOLLOWING BASIS:

1. **TRANSPORTATION**

For private cars, mileage will be paid from the District or from home to the meeting and return, using the shortest distances. If more than one person is attending the same meeting, etc. transportation shall be pooled. Proof of current automobile liability insurance must be on file with the Business Office. For longer distances, rail or air fare will be paid, not to exceed the cost of air coach fare.

2. **MEALS**

Reasonable amounts for meals will be reimbursed upon Business Office receipt of ORIGINAL, ITEMIZED invoices/receipts.

3. **LODGING**

Actual lodging expense will be paid with ORIGINAL receipts.

4. **MILEAGE**

The District will pay mileage for conferences, workshops and meetings at the approved rate.

5. **OTHER**

Fees paid for registration at conferences, taxi fare, parking, bridge toll, etc., are necessary expenses and are reimbursable with receipts. Personal items such as cleaning, laundry, etc. are not reimbursable.

**NOTE:** Payment for registration, air /rail fare & hotels should be handled through the Purchase Order procedure whenever possible.

C. NAME \_\_\_\_\_ SCHOOL /SITE \_\_\_\_\_ POSITION/GRADE \_\_\_\_\_

Meeting Title/Sponsor \_\_\_\_\_ Place \_\_\_\_\_

Inclusive Dates \_\_\_\_\_ Mode of Transportation \_\_\_\_\_ Preferred Sub (If available) \_\_\_\_\_

D. APPROVED BY: \_\_\_\_\_  
IMMEDIATE SUPERVISOR DATE DISTRICT ADMINISTRATOR DATE

E. ACCOUNTS TO BE CHARGED

Fund	Resource	Year	Goal	Function	Object	Site	Program

F. LISTING OF CLAIMS FOR REIMBURSEMENT

(Must be checked off as approved by immediate supervisor before attendance). **Fully itemized, original receipts required.** (No reimbursement will be paid based on a charge card receipt showing only the total)

1) **Meals:** Yes \_\_\_\_ No \_\_\_\_ Total Claim \$ \_\_\_\_\_ 2) **Lodging:** Yes \_\_\_\_ No \_\_\_\_ Total Claim \$ \_\_\_\_\_

3) **Bridge:** Yes \_\_\_\_ No \_\_\_\_ Total Claim \$ \_\_\_\_\_ 4) **Parking:** Yes \_\_\_\_ No \_\_\_\_ Total Claim \$ \_\_\_\_\_

5) **Mileage:** Yes \_\_\_\_ No \_\_\_\_ Total miles @ \_\_\_\_\_ per mile = Total Claim \$ \_\_\_\_\_

**GRAND TOTAL OF ALL REIMBURSABLE EXPENSES: \$ \_\_\_\_\_**

I hereby certify that the above is a true statement of the travel expenses incurred by me while on official District business on the dates indicated. I certify that mileage claimed in the above for driving my personal vehicle is from the first point of duty to the last point of duty. I have the necessary liability insurance on my vehicle (proof is on file with the Business Office) and will maintain it as long as I use my vehicle for official District business purposes.

Attendee's Signature \_\_\_\_\_ District Office Approval By: \_\_\_\_\_ Date \_\_\_\_\_

White: Business Office – for reimbursements Yellow: Site- attach to DO-227 Pink: Employee's copy Goldenrod: Personnel Dept.