



STAFF
Pre-Approval for Conference/Meeting
(Overnight)

Employee: _____ Position: _____

Conference/Mtg.: _____ Location: _____

Conference/Mtg. Dates (from): _____ (to): _____

Dates absent from work (from): _____ (to): _____

TRAVEL

Maximum ESTIMATES of expenses for which employee will request reimbursement:

- Plane, bus, or train fare _____
- Special fares for bus and taxi _____
- Auto mileage: Miles x rate: = _____
(calculate from District address starting point)
- Parking: Day(s) x rate: = _____

LODGING

Submit estimated rates or receipt/confirmation for hotel or motel bill _____

MEAL & INCIDENTAL EXPENSES - Per Diem (For rates, visit: www.gsa.gov/)
Includes tips and gratuities (Servers, Bellhops, etc.)

- Maximum (per GSA) per day is authorized for meals and incidentals _____

REGISTRATION FEES

MISCELLANEOUS CONFERENCE EXPENSES. PLEASE ITEMIZE:

Total Estimate of Expenses: _____

Principal/Administrator Approved: _____ Date: _____

Superintendent or Designee Approved: _____ Date: _____

Upon approval of the conference, it is the staff member's responsibility to officially register for the event using the Building Principal's p-card.

Please submit **TWO** copies.

One will be returned and should be resubmitted when actual conference expenses have been finalized.

ALSO, please attach a brief summary about the purpose of attending this conference/meeting and how it will enhance the educational environment for students.