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   **2024 Rate: 0.670 (http://www.irs.gov/)** _____

- 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: _____