

CONFERENCE REQUEST, ADVANCE AND CLAIM FORM

LOS MOLINOS UNIFIED SCHOOL DISTRICT
7851 Highway 99 East, Los Molinos, CA. 96055

Phone: (530) 384-7826 Fax: (530) 384-7832

Employee Name _____

Request Date _____

Conference Title _____

School Site _____

Conference Location _____

Dates: From _____ To _____

City, State _____

Means of Transportation _____

Gas Card will be used with District vehicle

Notes to Business Office/Special Circumstances: _____

Approval

Site Administrator

Superintendent

Date

PER DIEM ALLOWANCE

Breakfast	Beginning before 7:00 am and lasting at least four hour	<input type="checkbox"/>	Breakfast	X	\$ 8.00 ea	
Lunch	Beginning before 11:00 am and lasting at least four ho	<input type="checkbox"/>	Lunch	X	\$ 12.00 ea	
Dinner	Beginning before 5:00 pm and lasting at least three hou	<input type="checkbox"/>	Dinner	X	\$ 25.00 ea	

Total Meal Per Diem (exclude meals included in registration fee) _____

DEPARTURE

Date _____ Time _____ x am or pm AM
 PM

RETURN

Date _____ Time _____ x am or pm AM
 PM

ESTIMATED COSTS PRIOR TO DEPARTURE - ACTUAL COSTS UPON RETURN

Estimated Costs
(Before Travel)

Travel Accommodations will be made by Conference Attendee using the District Credit Card.

Actual Costs
(After Travel)

Registration Fee	_____	_____
Air, Bus, Rail	Itinerary No. _____	_____
Private Car Mileage	_____ (miles x IRS approved rate)	_____
Rental Car	Agency used: _____ Conf. # _____	_____
Miscellaneous (parking, tolls, rental car fuel etc.)	_____	_____
Lodging	Hotel Name/Address _____	_____
Conf. #	_____	_____

Total Estimated Costs _____ Credit Card Authorization? Yes No **Total Actual Costs** _____

REQUESTED PREPAID EXPENSES

Date Advance Needed By	Business Office Use	Check Number	Amount
Employee advance: _____	_____	_____	_____
Registration Payable to: _____	_____	_____	_____

X

Claimant Signature

I certify that I attended the Conference and that the above is a true and correct claim.

Closing Balance
Actual less Prepaid

SACS Code: _____