

Twain Harte School Conference/Workshop Request

Date(s) of Conference: _____

Name of Conference: _____

Person(s) Requesting Conference: _____

1. Explain your reasons for requesting to attend this conference:

2. a. Requesting certificated substitute if applicable? Yes No

b. Requesting conference/workshop fees? \$ _____

c. Requesting additional fees? (See below) \$ _____

Reimbursement will be based on the California standard per diem rates for meals purchased during reasonable travel time. (www.gsa.gov/travel/plan-book/per-diem-rates)
Do not submit meal receipts. If the conference or hotel provides meals, the employee will not be reimbursed.

Lodging	\$ _____	X _____ days	\$ _____
<small>please use lodging worksheet to calculate</small>			
Parking	\$ _____	X _____ days	\$ _____
Breakfast	\$13.00	X _____ days	\$ _____
Lunch	\$14.00	X _____ days	\$ _____
Dinner	\$23.00	X _____ days	\$ _____

Transportation (if district vehicle is unavailable)

(Use Google Maps or Mapquest to estimate the number of miles.)

Miles: _____ X (current IRS rate) \$ _____

Total Expense for Conference: \$ _____

Principal's Signature

Date

Superintendent's Signature

Date

Your request for this conference has been: Approved _____ Denied _____

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Lodging Information Worksheet

Date(s) of Conference: _____

Name of Conference: _____

Person(s) Attending Conference: _____

Lodging Information:

Name (please use host facility)

Address

City

State

ZIP

Phone Number

Accommodations Requested:

Single___ (only if attending conference alone)

Double___

Lodging Price Quote:

\$_____/night (include transient occupancy tax)