

Twain Harte School Conference/Workshop Request

Date(s) of Conference: _____

Name of Conference: _____

Person(s) Requesting Conference: _____

1. 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 \$ _____
please use lodging worksheet to calculate

Parking/Uber \$ _____ X _____ days \$ _____

Meals: Full/Partial Days(GSA)- attach zip code \$ _____
per diem sheet

OR

Breakfast \$ _____ X _____ days \$ _____

Lunch \$ _____ X _____ days \$ _____

Dinner \$ _____ 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/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)

Office Use:

CC Authorization Submitted(Y/N): _____