

**Santa Maria Joint Union High School District
REQUEST FOR PRIOR APPROVAL FOR CONFERENCE**

MUST BE RECEIVED BY BUSINESS SERVICES AT LEAST 2 WEEKS PRIOR TO THE EARLIEST REGISTRATION DEADLINE

Date of Request _____ Date of Conference _____

Name _____ Dept. _____ School Site _____

Destination _____ Purpose _____
(no abbreviations) (no abbreviations)

Funding Source _____

ESTIMATE EXPENSES:

Hotel _____ \$ _____ Prepay _____

Registration _____ \$ _____ Prepay _____

Transportation (67¢ per mile) = \$ _____

Meals _____ \$ _____

Substitutes _____ \$ _____

TOTAL _____ \$ _____

APPROVAL OF ESTIMATED EXPENSES
Department Chair: _____
Site Administrator: _____

CATEGORICAL ACCOUNTABILITY
PLAN TITLE _____
APPROVAL DATE _____ GOAL _____
PAGE _____ SECTION _____
SPECIAL PROJECTS SIGNATURE _____

This portion should be completed immediately upon return from conference.		REIMBURSEMENT							
		ITEMIZED EXPENDITURES							
DATE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL	
Lodging (attach receipt)									
Meals: Breakfast (\$18.00)									
Lunch (\$19.00)									
Dinner (\$34.00)									
Registration/Conference Fee (attach documentation)									
Mileage (attach Mapquest)									
Vehicle Rental (attach receipt)									
Other (Specify)									

I hereby certify that the above is a true and correct statement of my actual and necessary expenses incurred while on official business for the school district.

Claimant's Signature _____ Date _____

APPROVAL FOR PAYMENT OF FINAL EXPENSES
DEPARTMENT CHAIR: _____ Date _____
SITE ADMINISTRATOR: _____ Date _____
SPECIAL PROJECTS: _____ Date _____

Total Expense	
Less Registration	
Less Lodging	
Less Other	
TOTAL CLAIM	

FOR DISTRICT USE ONLY /APPROVAL FOR PAYMENT	
Account Number	_____
Account Number	_____
Business Services	Date _____