

**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 (65.5¢ per mile) = \$ \_\_\_\_\_

Meals \_\_\_\_\_ \$ \_\_\_\_\_

Substitutes \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \_\_\_\_\_ \$ \_\_\_\_\_

|                                       |
|---------------------------------------|
| <b>APPROVAL OF ESTIMATED EXPENSES</b> |
| Department Chair: _____               |
| Site Administrator: _____             |

|                                   |
|-----------------------------------|
| <b>CATEGORICAL ACCOUNTABILITY</b> |
| PLAN TITLE _____                  |
| APPROVAL DATE _____ GOAL _____    |
| PAGE _____ SECTION _____          |
| SPECIAL PROJECTS SIGNATURE _____  |

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

|   |
|---|
| <b>APPROVAL FOR PAYMENT OF FINAL EXPENSES</b> |
| DEPARTMENT CHAIR: _____<br>Date               |
| SITE ADMINISTRATOR: _____<br>Date             |
| SPECIAL PROJECTS: _____<br>Date               |

|                    |  |
|--------------------|--|
| Total Expense      |  |
| Less Registration  |  |
| Less Lodging       |  |
| Less Other         |  |
| <b>TOTAL CLAIM</b> |  |

|  |                   |
|--|-------------------|
| <b>FOR DISTRICT USE ONLY /APPROVAL FOR PAYMENT</b> |                   |
| _____  | Account Number    |
| _____  | Account Number    |
| _____  | Business Services |
| _____  | Date              |