

**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 (70¢ 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 _____

REIMBURSEMENT								
This portion should be completed immediately upon return from conference.			ITEMIZED EXPENDITURES					
DATE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Lodging (attach receipt)								
Meals: Breakfast (\$23.00)								
Lunch (\$26.00)								
Dinner (\$38.00)								
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