

**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 _____ \$ _____

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								
Lunch								
Dinner								
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 _____