## 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

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Date of Request	······································	www.withingolombo.com		ate o	f Confe	rence	***************************************			
Name	Dept			October 1980 Control of the Control	School Site					
Destination										
(no a	s)				(no abbreviations)					
ESTIMATE EXPENSES:				APPROVAL OF ESTIMATED EXPENSES						
			Prepay			Department Chair:				
Registration	\$	\$ Prepay			Site Administrator:					
Transportation	\$							ACCOUNTAI		
Meals		\$				PLAN TITLE				
Substitutes	\$				APPROVAL DATE GOAL					
						PAGE SECTION SPECIAL PROJECTS SIGNATURE				
TOTAL	\$			victorian victor	SPECIA	AL PROJEC	i 2 SIGINA	TURE		
This portion should be com immediately upon return fro conference.					RSEM XPENC	ENT DITURES				
	Sunday	Monday	Tuesday	Wedi	nesday	Thursday	Friday	Saturday		
DATE									TOTAL	
Lodging (attach receipt)	AND DESCRIPTION OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNE						4>			
Meals: Breakfast						3			RESPONSED FOR THE PROPERTY OF	
Lunch		One of the second secon								
Dinner				ļ						
Registration/Conference Fee										
(attach documentation)		www.comencomencomencomencomencomencomencomen				SCHEMEST OF STREET		***************************************		
Mileage (attach Mapquest)	AND THE PROPERTY OF THE PROPER	ADDICATE OF THE PROPERTY OF TH								
Vehicle Rental (attach receipt)										
Other (Specify)			000	manus de la constante de la co		PERIODE PERIOD			ом на применя на применя на предоставления по предоставления на предоставления и предоставления по пр	
BORRADARIA LA COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA			20							
I hereby certify that the above is a					Tota	al Expense	**************************************	·		
necessary expenses incurred while on official business for the school district.					Less Registration					
Claimant's Signature Date					Les	Less Lodging				
APPROVAL FOR PAYMENT OF FINAL EXPENSES					Les	Less Other				
DEPARTMENT CHAIR:					TOTAL CLAIM					
CITE ADMINISTRATOR.			Date		}					
SITE ADMINISTRATOR:	Date			FOF	FOR DISTRICT USE ONLY /APPROVAL FOR PAYMENT  Account Number					
SPECIAL PROJECTS:		Date								
					***************************************		Acco	unt Number		

**Business Services** 

Date

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