

SEELEY UNION SCHOOL DISTRICT CONFERENCE/TRAVEL REQUEST FORM

Please do NOT register yourself.

- ✓ Attach copies of Conference/Workshop Flyer and Registration Information.
- ✓ All Conference/Workshops require Superintendent Approval. To ensure this, submit the required forms at least **30 days in advance** of the conference/workshop date.
- ✓ Upon approval, if you will need a substitute, submit an Absence Request form.

Employee Name		Position	
Name of Activity		Date(s):	
Location (City & State)			
Additional Employees Attending			

ESTIMATED EXPENSES

TRANSPORTATION

Airfare Cost \$ -

Mileage *If Privately Owned Vehicle Is Used:*

	0.54	\$ -
Total Miles	IRS Rate	Cents Per Mile

_____ I certify I have a CURRENT CA Drivers License and
CURRENT Liability Vehicle Insurance. (Please initial)

LODGING

		\$ -
Days	Rate	Total

Hotel Name

Confirmation #

MEALS/INCIDENTALS

(If meals are provided, note: "provided")

As per BP 4012 – Breakfast = \$13/day prior to 6:30 am, Lunch = \$16/day, Dinner = \$30/day after 5pm

Date	Breakfast	Lunch	Dinner	TOTAL
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
Meals Total:				\$ -

MISCELLANEOUS/INCIDENTALS

Registration Fee	\$ -
PO#	
Car Rental	\$ -
Rental Gas	\$ -
Taxi/Shuttle	\$ -
Hotel Parking	\$ -
Airport	\$ -
Meeting Parking	\$ -

Remarks (Lodging/Transportation shared with?):

Total *Estimated* Expenses: \$ -

***Cash Advance Requested:** \$ -

*Must be submitted to Payroll office within 3 weeks prior to travel.

Requested by _____ **Date** _____

Office Use Only

- APPROVED
- DENIED

APPROVED BY _____ DATE _____

Code to use:	FD	RE	PY	GO	FN	OB	SI
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