

PARADISE UNIFIED SCHOOL DISTRICT
SCHOOL BUSINESS REQUEST
Authorization to Attend Conference/Meeting
One Name & One Conference per Form

Print: Last Name _____ First Name _____ Position _____ School/Department _____ Date _____

Title of conference /meeting: _____

Date of conference / meeting: _____ Location: _____

1. Purpose of conference is to meet: Personal professional growth objectives School/District objectives

2. Substitute needed: no yes _____ number of days \$_____ per day \$_____ Total Cost

3. Substitute cost paid by: (SIP, Title 1, 1852, etc.) _____

Full day Partial day: _____
(Indicate number of periods/hours)

4. Estimated expenses:

a. Registration fee: _____ P.O. requires? no yes \$_____

b. Transportation: \$_____

Private auto with use of District credit card

District vehicle (indicate type needed) _____

Mileage _____ miles round trip @ \$0.545

Other transportation (type) _____

c. Meals: \$_____

_____ Number of breakfast's _____ Lunches _____ Dinners

d. Lodging P.O. required? no yes \$_____

_____ Number of days

Place _____ Rate \$ _____

ESTIMATED TOTAL COSTS (#2 + #4 a-d) \$_____

5. Expenses paid by:

Funding source (SIP, Title 1, 1882, etc.)
 Employee

| Amount | Account # |
|----------|----------------|
| \$ _____ | _____ |
| \$ _____ | XXXXXXXXXXXXXX |

BILLABLE TO:

Company: _____

Attention: _____

Address: _____

City, State, Zip: _____

_____/_____/_____
 Signature of person attending conference Date

_____/_____/_____
 Principal Date

Distribution:

IF BILLABLE Business Office

Payroll (sent to District Office)

Sub Caller (District Office)

School Office (retain at site)

Person making request (retain at site)

 **EXPENSE FORM REQUIRED FOR REIMBURSEMENT**