Alpine County Unified School District / Alpine County Office of Education REQUEST TO ATTEND EDUCATIONAL EVENT

Please complete this form, including all known costs and account codes, and then return request form to the Principal, Business Manager or Superintendent for formal approval. This form will then move on to the District Office for travel arrangement processing.

Name of Attendee: Date Form Given to Supervisor:			
I request approval to attend the following seminar,	meeting, conference, ev	ent, etc.	
Title of Event	Location	Beginning Date/Time	Ending Date/Time
REQUIREMENTS FOR ATTENDING THIS EVENT			AMOUNT
			REQUESTED
REGISTRATION FEES List the amount requested to register for this event. Attached to this form the required registration form for purchase order processing. If it is required to register on-line, please supply the web site address			\$(Registration Fees)
HOTEL ROOM ACCOMODATION NEEDS			
In the event a hotel room is required for this event, the District Office will make the arrangements. Estimated Cost per night of hotel is: \$ Arrival Date: Departure Date:			\$ (Total Hotel Costs)
MEALS			
Meals will be reimbursed at a per diem IRS rate as [] I wish to receive my per diem upon my return Form." Breakfast \$16, Lunch \$19, Dinner \$28, Incirclated activity must begin prior to 7:00 am and/or end dinner. In order to receive lunch reimbursement, travel amount will be received for a single calendar day of travelecived on the first and last day of travel equals 75% o [] I plan on saving my receipts and will be attachine return.	and will make that notio identals \$5 or Daily Rate after 6:00 pm in order to re I must begin prior to 11:00 wel when that day is neither f total per diem reimburser	on on the "Claim for Reimbursement of \$68. Travel to and return from district equest reimbursement for breakfast or am or end after 1:00 pm. The full daily the first or the last day of travel. Amount ment rate.	
[] I wish to obtain a credit card from the Business Department one day prior to my travel. I will save all credit			
card receipts and will turn them into the Business Department along with the credit card on the day of my return			(Total Meal Costs for
from travel.			Entire Event)
METHOD OF TRAVEL [] I wish to take my personal car. I estimate the number of miles to and from the event to be x \$.70 / mile = [] I would like to request a school suburban. I estimate the number of miles to and from the event to be x \$.70 / mile =			\$(Estimated cost of travel by personal car, school vehicle)
(If more than one person is to attend this	event, a school suburba	n is desired.)	
Has Vehicle Request form been complete I need airline tickets arranged for this even Departure Date and Time:	ent. Airline Preference:		(Estimated cost of travel for airline, taxi, etc
SUBSTITUTE NEEDS			etc
Is a substitute needed for your position while you are away attending this event? [] Yes [] No Have arrangements been made with School Office for a substitute to be scheduled? [] Yes [] No Cost of a certificated substitute is \$115 per day. The cost of a classified substitute varies depending upon hours and days. For estimation purposes, calculated the cost of a classified as approximately \$75 per day.			\$(Estimated cost of a substitute for total event)
APPROVAL SIGNATURES			
Administrator Approval and Date	Board of Trust	ees Approval and Date (if cost is over \$100	0)
Funding Resource: (Administrator – Please Do Not Leave This Blank)			k)
Account Code for Funding Event (Determined by Supervisor) FU (2) RES (4)	YR (1) GOAL (4) F	UN (4) OBJ (4) SCH (3) MGMT (4	\$(Total Expenses for this requested event)