



STOCKTON UNIFIED SCHOOL DISTRICT

Conference Attendance Request (CAR) Form

Check Event Type: Conference Out-of-District Meeting

Group Attendee
(___ of ___)

Name: _____ (Last, First, Middle) Position: _____ School/Dept: _____

Event Title: _____ Location: _____ Dates Attending: _____

Purpose/Justification of Event Attendance: _____

Prepared By: _____ Phone/Email: _____

		DISTRICT OFFICE USE ONLY	
		ESTIMATED COST	Actual Cost Reference
<i>Check all that apply:</i>			
Registration: _____		\$ _____	\$ _____
Transportation: (Reimbursed at lesser of transportation cost.)			
<input type="checkbox"/> Airfare		\$ _____	\$ _____
<input type="checkbox"/> Personal Vehicle: _____ IRS Rate x _____ Total Miles		\$ _____	\$ _____
<input type="checkbox"/> Parking/Bridge Toll: _____ Rate x _____ # of Days/Trips		\$ _____	\$ _____
<input type="checkbox"/> Taxi/Ride Share/Commuter: _____ Rate x _____ # of Trips		\$ _____	\$ _____
Lodging:			
<input type="checkbox"/> Hotel: _____ Rate x _____ # of Nights		\$ _____	\$ _____
Meals: <input type="checkbox"/> Dietary Restrictions – check if applicable			
• Breakfast #: _____ (Dates: _____)		\$ _____	\$ _____
• Lunch #: _____ (Dates: _____)		\$ _____	\$ _____
• Dinner #: _____ (Dates: _____)		\$ _____	\$ _____
Other Costs: _____		\$ _____	\$ _____
SUBTOTAL ESTIMATED EVENT COST:		\$ _____	\$ _____

Substitute:			
<input type="checkbox"/> Substitute: _____ Daily Rate, plus benefits x _____ # of Days		\$ _____	\$ _____
Account Code _____	Funding Source _____		
SUBTOTAL ESTIMATED SUBSTITUTE COST:		\$ _____	\$ _____

TOTAL ESTIMATED EVENT COST: \$ _____

I understand that the Conference Attendance Request Form must be submitted at least 45 days prior to the event to ensure adequate and timely processing. I also understand that the Conference Reimbursement Form must be submitted within 10 days after the event with all receipts for actual expenditures (excluding meals) attached.

Attendee's Signature _____ Date _____

Account Code _____ Funding Source _____

APPROVALS: (Signature/Initial and Date)

_____ Principal/Dept. Mgr.

_____ Asst. Superintendent

_____ Program Adm./Director

_____ Accounting

_____ Budget Office

If denied, indicate reason: _____



STOCKTON UNIFIED SCHOOL DISTRICT

Hotel Room Reservation Worksheet

Check Event Type: Conference Out-of-District Meeting

School/Dept: _____

Site #: _____

Event Title: _____

Location: _____

Prepared By: _____

Phone/Email: _____

Hotel Information:

Hotel Name: _____

Hotel Address: _____

Hotel Website: _____

Reservation Desk Phone #: _____

Attendees:

Name (Last, First, Middle)	Room Share (Yes/No)	Room Type (Bed Size, Special Needs, Etc.)	Confirmation Number (For Purchasing Use Only)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Total Number of Rooms Needed:			

Lodging Details:

Conference blocked rooms discount code/rate: (If applicable) _____

Membership ID # for discounts (i.e., AAA): (Optional) _____

Check-In Date: _____

Check-Out Date: _____

of nights: _____

Rate per night: _____

Total Cost per room*: _____

Total Group Cost: _____

For Purchasing Department's Use Only:

Cancellation Policy: _____

Method of Payment: District check - hand carry or mail by FedEx

Credit Card

* Includes taxes, fees, Internet, and other applicable and appropriate incidentals.



STOCKTON UNIFIED SCHOOL DISTRICT

Air Travel Worksheet

Check Event Type: Conference Out-of-District Meeting

School/Dept: _____

Site #: _____

Event Title: _____

Location: _____

Prepared By: _____

Phone/Email: _____

1	Full Name on Photo ID <i>(i.e. government issued driver's license/ID, passport)</i>			Birthdate <i>(MM/DD/YY)</i>	Gender <i>(M/F)</i>	Cell Phone:
	Last Name	First Name	Middle			
		City Departing From	City Arriving To	Airline & Flight #	Date & Time <i>(Departure)</i>	Ticket Cost
	OUTBOUND Flight					\$
RETURNING Flight					\$	



STOCKTON UNIFIED SCHOOL DISTRICT

Conference Reimbursement Form

Group Attendee

(___ of ___)

Check Event Type: Conference Out-of-District Meeting

Name: _____
(Last, First, Middle)

Position: _____

School/Dept: _____

Event Attended: _____

Location: _____

Dates Attended: _____

Prepared By: _____

Phone/Email: _____

Check all that apply:

Registration: _____

REIMBURSED COSTS

\$ _____

DISTRICT OFFICE USE ONLY

Actual Cost

Reference

\$ _____

Transportation: (Attach receipts.)

Airfare

\$ _____

\$ _____

Personal Vehicle: _____ IRS Rate x _____ Total Miles

\$ _____

\$ _____

Parking/Bridge Toll: _____ Rate x _____ # of Days/Trips

\$ _____

\$ _____

Taxi/Ride Share/Commuter: _____ Rate x _____ # of Trips

\$ _____

\$ _____

Lodging:

Hotel: (Provide hotel folio indicating charges.)

\$ _____

\$ _____

Meals:

• Breakfast #: _____ (Dates: _____)

\$ _____

\$ _____

• Lunch #: _____ (Dates: _____)

\$ _____

\$ _____

• Dinner #: _____ (Dates: _____)

\$ _____

\$ _____

Other Costs: (Attach itemized receipts.)

_____ \$ _____

\$ _____

SUBTOTAL REIMBURSED COSTS:

\$ _____

\$ _____

Costs: (Not identified on the original CAR. Requires District Administration approval.)

_____ \$ _____

\$ _____

_____ \$ _____

\$ _____

TOTAL REIMBURSED COSTS:

\$ _____

\$ _____

By signing below, I certify that the claimed expenses represent actual and necessary costs incurred while on official district business. I understand that the Conference Reimbursement Form must be submitted within 10 days after the event with all receipts for actual expenditures (excluding meals) attached.

APPROVALS: (Signature and Date)

_____ Principal/Dept. Mgr.

_____ Accounting

Attendee's Signature

Date

Mailing Address, City, State, Zip Code

Account Code

Funding Source