

# Conference Attendance Request Checklist for Private Schools

Prior to submitting a Conference Attendance Request packet, the Professional Learning Activity Request form must be completed and approved by Stockton Unified.

- A Conference Attendance Request (CAR) packet must be completed for the attendance to an event.
- Use this checklist to verify each component is met prior to submission of the Conference Attendance Request (CAR) packet.
- Retain a copy of the complete Conference Attendance Request (CAR) packet for your records at your site.

**IMPORTANT:** The packet **MUST** include the following in this order, please check the box as each item is completed:

- Conference Coversheet
- Hotel Room Reservation Worksheet (if applicable)
- Air Travel Worksheet (if applicable)
- Conference brochure with detailed schedule of conference (including meal schedule if applicable)
- Map showing mileage from school site\* to conference/airport
- Approved Board Agenda Item, if conference is out of state
- Confirmation/copy of **event registration**
- Completed and approved Professional Learning Activity Request form
- Retain** CAR **reimbursement form at school** site until time to submit (within 10 days after the activity)

## **REMEMBER:**

- Hotel folio listing charges with \$0 balance due to be submitted with Reimbursement form
- No Reimbursement for Tipping on Uber or Cabs
- Use long term parking, not short term for airport
  - Submit receipts for taxis/shuttles/parking with reimbursement form
- No receipts are necessary for mileage or meals
- Mileage Reimbursement\*\* is 58 cents per mile until December 31, 2019
- Meal Reimbursement is only if meals are not included in conference or hotel; you cannot claim meals that were provided. Per diem rates are as follows until December 31, 2019:
  - \$13 Breakfast
  - \$14 Lunch
  - \$23 Dinner

## **POST CONFERENCE ATTENDANCE:**

- Complete CAR Reimbursement form and submit with applicable receipts\*\*\*.
- Complete the Professional Learning Activity Survey form

\* Starting mileage always begins at the closest point from home or the school site to the conference/airport.

\*\* Mileage reimbursement is limited to/from conference/hotel/airport. It is not for additional destination stops outside of beginning/ending travel.

\*\*\*May include an invoice for hourly rate X hours for time attending training outside of normal workday.

# Professional Learning Activity Request for Private Schools

Please complete this form for each professional learning activity for Title II  or Title IV .

School Wide Goal:
<input type="checkbox"/> Consultant <input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Other _____
Title/Company:
Projected Cost (Identify all components such as registration, transportation, meals, mileage, hourly pay, etc.):
Targeted Subject and Grade Level (if applicable):
Person(s) Responsible:
Description of PD:
<b>Implementation/Monitoring Follow-Up:</b> What steps will be taken to monitor/implement the PD received:
<b>Site Principal Approval:</b> _____ (Signature/Date)
<b>District Administrator Approval:</b> _____ (Signature/Date)



# STOCKTON UNIFIED SCHOOL DISTRICT

## Group Conference Coversheet

Check Event Type:  Conference  Out-of-District Meeting

**IMPORTANT:** To be completed for GROUP attendance to an event. The packet must include the following in this order:

- Group Conference Coversheet
- Hotel Room Reservation Worksheet (if applicable)
- Air Travel Worksheet (if applicable)
- Conference brochure with detailed schedule of conference (including meal schedule if applicable) **(ONE COPY ONLY)**
- Map showing mileage from site to conference/airport **(ONE COPY ONLY)**
- Approved Board Agenda Item, if conference is out of state **(ONE COPY ONLY)**
- Completed CAR for **EACH** person attending the conference, including confirmation of event registration

School/Dept: \_\_\_\_\_

Site #: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

### Event Details:

Event Title: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Purpose/Justification of Event Attendance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Attendees:

Name <small>(Last, First, Middle)</small>	Position	Funding Source
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**Total Group Cost:** \_\_\_\_\_

\_\_\_\_\_  
Principal/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cabinet/Superintendent

\_\_\_\_\_  
Date



# 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: \_\_\_\_\_

<b>1</b>	<b>Full Name on Photo ID</b> <i>(i.e. government issued driver's license/ID, passport)</i>			<b>Birthdate</b> <i>(MM/DD/YY)</i>	<b>Gender</b> <i>(M/F)</i>	<b>Cell Phone:</b>
	Last Name	First Name	Middle			
		<b>City Departing From</b>	<b>City Arriving To</b>	<b>Airline &amp; Flight #</b>	<b>Date &amp; Time</b> <i>(Departure)</i>	<b>Ticket Cost</b>
	<b>OUTBOUND</b> Flight					\$
	<b>RETURNING</b> Flight					\$
<b>2</b>	<b>Full Name on Photo ID</b> <i>(i.e. government issued driver's license/ID, passport)</i>			<b>Birthdate</b> <i>(MM/DD/YY)</i>	<b>Gender</b> <i>(M/F)</i>	<b>Cell Phone:</b>
	Last Name	First Name	Middle			
		<b>City Departing From</b>	<b>City Arriving To</b>	<b>Airline &amp; Flight #</b>	<b>Date &amp; Time</b> <i>(Departure)</i>	<b>Ticket Cost</b>
	<b>OUTBOUND</b> Flight					\$
	<b>RETURNING</b> Flight					\$
<b>3</b>	<b>Full Name on Photo ID</b> <i>(i.e. government issued driver's license/ID, passport)</i>			<b>Birthdate</b> <i>(MM/DD/YY)</i>	<b>Gender</b> <i>(M/F)</i>	<b>Cell Phone:</b>
	Last Name	First Name	Middle			
		<b>City Departing From</b>	<b>City Arriving To</b>	<b>Airline &amp; Flight #</b>	<b>Date &amp; Time</b> <i>(Departure)</i>	<b>Ticket Cost</b>
	<b>OUTBOUND</b> Flight					\$
	<b>RETURNING</b> Flight					\$
<b>4</b>	<b>Full Name on Photo ID</b> <i>(i.e. government issued driver's license/ID, passport)</i>			<b>Birthdate</b> <i>(MM/DD/YY)</i>	<b>Gender</b> <i>(M/F)</i>	<b>Cell Phone:</b>
	Last Name	First Name	Middle			
		<b>City Departing From</b>	<b>City Arriving To</b>	<b>Airline &amp; Flight #</b>	<b>Date &amp; Time</b> <i>(Departure)</i>	<b>Ticket Cost</b>
	<b>OUTBOUND</b> Flight					\$
	<b>RETURNING</b> Flight					\$



# 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: \_\_\_\_\_

<b>5</b>	<b>Full Name on Photo ID</b> <i>(i.e. government issued driver's license/ID, passport)</i>			<b>Birthdate</b> <i>(MM/DD/YY)</i>	<b>Gender</b> <i>(M/F)</i>	<b>Cell Phone:</b>
	Last Name	First Name	Middle			
		<b>City Departing From</b>	<b>City Arriving To</b>	<b>Airline &amp; Flight #</b>	<b>Date &amp; Time</b> <i>(Departure)</i>	<b>Ticket Cost</b>
	<b>OUTBOUND</b> Flight					\$
<b>RETURNING</b> Flight					\$	
<b>6</b>	<b>Full Name on Photo ID</b> <i>(i.e. government issued driver's license/ID, passport)</i>			<b>Birthdate</b> <i>(MM/DD/YY)</i>	<b>Gender</b> <i>(M/F)</i>	<b>Cell Phone:</b>
	Last Name	First Name	Middle			
		<b>City Departing From</b>	<b>City Arriving To</b>	<b>Airline &amp; Flight #</b>	<b>Date &amp; Time</b> <i>(Departure)</i>	<b>Ticket Cost</b>
	<b>OUTBOUND</b> Flight					\$
<b>RETURNING</b> Flight					\$	
<b>7</b>	<b>Full Name on Photo ID</b> <i>(i.e. government issued driver's license/ID, passport)</i>			<b>Birthdate</b> <i>(MM/DD/YY)</i>	<b>Gender</b> <i>(M/F)</i>	<b>Cell Phone:</b>
	Last Name	First Name	Middle			
		<b>City Departing From</b>	<b>City Arriving To</b>	<b>Airline &amp; Flight #</b>	<b>Date &amp; Time</b> <i>(Departure)</i>	<b>Ticket Cost</b>
	<b>OUTBOUND</b> Flight					\$
<b>RETURNING</b> Flight					\$	
<b>8</b>	<b>Full Name on Photo ID</b> <i>(i.e. government issued driver's license/ID, passport)</i>			<b>Birthdate</b> <i>(MM/DD/YY)</i>	<b>Gender</b> <i>(M/F)</i>	<b>Cell Phone:</b>
	Last Name	First Name	Middle			
		<b>City Departing From</b>	<b>City Arriving To</b>	<b>Airline &amp; Flight #</b>	<b>Date &amp; Time</b> <i>(Departure)</i>	<b>Ticket Cost</b>
	<b>OUTBOUND</b> Flight					\$
<b>RETURNING</b> Flight					\$	



# 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: \_\_\_\_\_

<b>9</b>	<b>Full Name on Photo ID</b> <i>(i.e. government issued driver's license/ID, passport)</i>			<b>Birthdate</b> <i>(MM/DD/YY)</i>	<b>Gender</b> <i>(M/F)</i>	<b>Cell Phone:</b>
	Last Name	First Name	Middle			
		<b>City Departing From</b>	<b>City Arriving To</b>	<b>Airline &amp; Flight #</b>	<b>Date &amp; Time</b> <i>(Departure)</i>	<b>Ticket Cost</b>
	<b>OUTBOUND</b> Flight					\$
<b>RETURNING</b> Flight					\$	
<b>10</b>	<b>Full Name on Photo ID</b> <i>(i.e. government issued driver's license/ID, passport)</i>			<b>Birthdate</b> <i>(MM/DD/YY)</i>	<b>Gender</b> <i>(M/F)</i>	<b>Cell Phone:</b>
	Last Name	First Name	Middle			
		<b>City Departing From</b>	<b>City Arriving To</b>	<b>Airline &amp; Flight #</b>	<b>Date &amp; Time</b> <i>(Departure)</i>	<b>Ticket Cost</b>
	<b>OUTBOUND</b> Flight					\$
<b>RETURNING</b> Flight					\$	



# STOCKTON UNIFIED SCHOOL DISTRICT

## Conference Attendance Request (CAR) Form

Check Event Type:  Conference  Out-of-District Meeting

Group Attendee  
( \_\_\_ of \_\_\_ )

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

Event Title: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Purpose/Justification of Event Attendance: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Check all that apply:	ESTIMATED COST	DISTRICT OFFICE USE ONLY	
		Actual Cost	Reference
<b>Registration:</b> _____	\$ _____	\$ _____	_____
<b>Transportation:</b> (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	\$ _____	\$ _____	_____
<b>Lodging:</b>			
<input type="checkbox"/> Hotel: _____ Rate x _____ # of Nights	\$ _____	\$ _____	_____
<b>Meals:</b> <input type="checkbox"/> Dietary Restrictions – check if applicable			
• Breakfast #: _____ (Dates: _____)	\$ _____	\$ _____	_____
• Lunch #: _____ (Dates: _____)	\$ _____	\$ _____	_____
• Dinner #: _____ (Dates: _____)	\$ _____	\$ _____	_____
<b>Other Costs:</b> _____	\$ _____	\$ _____	_____
<b>SUBTOTAL ESTIMATED EVENT COST:</b>	\$ _____	\$ _____	_____

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

**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

## 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.

<b>APPROVALS:</b> (Signature and Date)
_____ Principal/Dept. Mgr.
_____ Accounting

\_\_\_\_\_  
Attendee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address, City, State, Zip Code

\_\_\_\_\_  
Account Code

\_\_\_\_\_  
Funding Source



# STOCKTON UNIFIED SCHOOL DISTRICT

## Conference Attendance Request (CAR) Form

Check Event Type:  Conference  Out-of-District Meeting

Group Attendee  
( \_\_\_ of \_\_\_ )

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

Event Title: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Purpose/Justification of Event Attendance: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Check all that apply:	ESTIMATED COST	DISTRICT OFFICE USE ONLY	
		Actual Cost	Reference
<b>Registration:</b> _____	\$ _____	\$ _____	_____
<b>Transportation:</b> (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	\$ _____	\$ _____	_____
<b>Lodging:</b>			
<input type="checkbox"/> Hotel: _____ Rate x _____ # of Nights	\$ _____	\$ _____	_____
<b>Meals:</b> <input type="checkbox"/> Dietary Restrictions – check if applicable			
• Breakfast #: _____ (Dates: _____)	\$ _____	\$ _____	_____
• Lunch #: _____ (Dates: _____)	\$ _____	\$ _____	_____
• Dinner #: _____ (Dates: _____)	\$ _____	\$ _____	_____
<b>Other Costs:</b> _____	\$ _____	\$ _____	_____
<b>SUBTOTAL ESTIMATED EVENT COST:</b>	\$ _____	\$ _____	_____

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

**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

## 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.

<b>APPROVALS:</b> (Signature and Date)	
_____	Principal/Dept. Mgr.
_____	Accounting

\_\_\_\_\_  
Attendee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address, City, State, Zip Code

\_\_\_\_\_  
Account Code

\_\_\_\_\_  
Funding Source



# STOCKTON UNIFIED SCHOOL DISTRICT

## Conference Attendance Request (CAR) Form

Check Event Type:  Conference  Out-of-District Meeting

Group Attendee  
( \_\_\_ of \_\_\_ )

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

Event Title: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Purpose/Justification of Event Attendance: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Check all that apply:	ESTIMATED COST	DISTRICT OFFICE USE ONLY	
		Actual Cost	Reference
<b>Registration:</b> _____	\$ _____	\$ _____	_____
<b>Transportation:</b> (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	\$ _____	\$ _____	_____
<b>Lodging:</b>			
<input type="checkbox"/> Hotel: _____ Rate x _____ # of Nights	\$ _____	\$ _____	_____
<b>Meals:</b> <input type="checkbox"/> Dietary Restrictions – check if applicable			
• Breakfast #: _____ (Dates: _____)	\$ _____	\$ _____	_____
• Lunch #: _____ (Dates: _____)	\$ _____	\$ _____	_____
• Dinner #: _____ (Dates: _____)	\$ _____	\$ _____	_____
<b>Other Costs:</b> _____	\$ _____	\$ _____	_____
<b>SUBTOTAL ESTIMATED EVENT COST:</b>	\$ _____	\$ _____	_____

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

**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

## 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



# STOCKTON UNIFIED SCHOOL DISTRICT

## Conference Attendance Request (CAR) Form

Check Event Type:  Conference  Out-of-District Meeting

Group Attendee  
( \_\_\_ of \_\_\_ )

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

Event Title: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Purpose/Justification of Event Attendance: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Check all that apply:

**Registration:** \_\_\_\_\_ ESTIMATED COST \$ \_\_\_\_\_

**Transportation:** (Reimbursed at lesser of transportation cost.)

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: \_\_\_\_\_ Rate x \_\_\_\_\_ # of Nights \$ \_\_\_\_\_

**Meals:**  Dietary Restrictions – check if applicable

• Breakfast #: \_\_\_\_\_ (Dates: \_\_\_\_\_) \$ \_\_\_\_\_

• Lunch #: \_\_\_\_\_ (Dates: \_\_\_\_\_) \$ \_\_\_\_\_

• Dinner #: \_\_\_\_\_ (Dates: \_\_\_\_\_) \$ \_\_\_\_\_

**Other Costs:** \_\_\_\_\_ \$ \_\_\_\_\_

**SUBTOTAL ESTIMATED EVENT COST:** \$ \_\_\_\_\_

**Substitute:**

Substitute: \_\_\_\_\_ Daily Rate, plus benefits x \_\_\_\_\_ # of Days \$ \_\_\_\_\_

Account Code \_\_\_\_\_ Funding Source \_\_\_\_\_

**SUBTOTAL ESTIMATED SUBSTITUTE COST:** \$ \_\_\_\_\_

**TOTAL ESTIMATED EVENT COST:** \$ \_\_\_\_\_

### DISTRICT OFFICE USE ONLY

Actual Cost      Reference

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

## 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.

<b>APPROVALS:</b> (Signature and Date)	
_____	Principal/Dept. Mgr.
_____	Accounting

\_\_\_\_\_  
Attendee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address, City, State, Zip Code

\_\_\_\_\_  
Account Code

\_\_\_\_\_  
Funding Source



# STOCKTON UNIFIED SCHOOL DISTRICT

## Conference Attendance Request (CAR) Form

Check Event Type:  Conference  Out-of-District Meeting

Group Attendee  
( \_\_\_\_ of \_\_\_\_ )

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

Event Title: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Purpose/Justification of Event Attendance: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

<i>Check all that apply:</i>	ESTIMATED COST	<b>DISTRICT OFFICE USE ONLY</b>	
		<u>Actual Cost</u>	<u>Reference</u>
<b>Registration:</b> _____	\$ _____	\$ _____	_____
<b>Transportation:</b> (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	\$ _____	\$ _____	_____
<b>Lodging:</b>			
<input type="checkbox"/> Hotel: _____ Rate x _____ # of Nights	\$ _____	\$ _____	_____
<b>Meals:</b> <input type="checkbox"/> Dietary Restrictions – check if applicable			
• Breakfast #: _____ (Dates: _____)	\$ _____	\$ _____	_____
• Lunch #: _____ (Dates: _____)	\$ _____	\$ _____	_____
• Dinner #: _____ (Dates: _____)	\$ _____	\$ _____	_____
<b>Other Costs:</b> _____	\$ _____	\$ _____	_____
<b>SUBTOTAL ESTIMATED EVENT COST:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>_____</b>

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

**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

## 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.

<b>APPROVALS:</b> (Signature and Date)	
_____	Principal/Dept. Mgr.
_____	Accounting

\_\_\_\_\_  
Attendee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address, City, State, Zip Code

\_\_\_\_\_  
Account Code

\_\_\_\_\_  
Funding Source



# STOCKTON UNIFIED SCHOOL DISTRICT

## Conference Attendance Request (CAR) Form

Check Event Type:  Conference  Out-of-District Meeting

Group Attendee  
( \_\_\_ of \_\_\_ )

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

Event Title: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Purpose/Justification of Event Attendance: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Check all that apply:	ESTIMATED COST	DISTRICT OFFICE USE ONLY	
		Actual Cost	Reference
<b>Registration:</b> _____	\$ _____	\$ _____	_____
<b>Transportation:</b> (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	\$ _____	\$ _____	_____
<b>Lodging:</b>			
<input type="checkbox"/> Hotel: _____ Rate x _____ # of Nights	\$ _____	\$ _____	_____
<b>Meals:</b> <input type="checkbox"/> Dietary Restrictions – check if applicable			
• Breakfast #: _____ (Dates: _____)	\$ _____	\$ _____	_____
• Lunch #: _____ (Dates: _____)	\$ _____	\$ _____	_____
• Dinner #: _____ (Dates: _____)	\$ _____	\$ _____	_____
<b>Other Costs:</b> _____	\$ _____	\$ _____	_____
<b>SUBTOTAL ESTIMATED EVENT COST:</b>	\$ _____	\$ _____	_____

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

**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

## 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.

<b>APPROVALS:</b> (Signature and Date)	
_____	Principal/Dept. Mgr.
_____	Accounting

\_\_\_\_\_  
Attendee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address, City, State, Zip Code

\_\_\_\_\_  
Account Code

\_\_\_\_\_  
Funding Source



# STOCKTON UNIFIED SCHOOL DISTRICT

## Conference Attendance Request (CAR) Form

Check Event Type:  Conference  Out-of-District Meeting

Group Attendee  
( \_\_\_ of \_\_\_ )

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

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>			
<b>Registration:</b> _____		\$ _____	\$ _____
<b>Transportation:</b> (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		\$ _____	\$ _____
<b>Lodging:</b>			
<input type="checkbox"/> Hotel: _____ Rate x _____ # of Nights		\$ _____	\$ _____
<b>Meals:</b> <input type="checkbox"/> Dietary Restrictions – check if applicable			
• Breakfast #: _____ (Dates: _____)		\$ _____	\$ _____
• Lunch #: _____ (Dates: _____)		\$ _____	\$ _____
• Dinner #: _____ (Dates: _____)		\$ _____	\$ _____
<b>Other Costs:</b> _____		\$ _____	\$ _____
<b>SUBTOTAL ESTIMATED EVENT COST:</b>		\$ _____	\$ _____

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

**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

## 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.

<b>APPROVALS:</b> (Signature and Date)	
_____	Principal/Dept. Mgr.
_____	Accounting

\_\_\_\_\_  
Attendee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address, City, State, Zip Code

\_\_\_\_\_  
Account Code

\_\_\_\_\_  
Funding Source



# STOCKTON UNIFIED SCHOOL DISTRICT

## Conference Attendance Request (CAR) Form

Check Event Type:  Conference  Out-of-District Meeting

Group Attendee  
( \_\_\_\_ of \_\_\_\_ )

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

Event Title: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Purpose/Justification of Event Attendance: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

	ESTIMATED COST	DISTRICT OFFICE USE ONLY	
		Actual Cost	Reference
<i>Check all that apply:</i>			
<b>Registration:</b> _____	\$ _____	\$ _____	_____
<b>Transportation:</b> (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	\$ _____	\$ _____	_____
<b>Lodging:</b>			
<input type="checkbox"/> Hotel: _____ Rate x _____ # of Nights	\$ _____	\$ _____	_____
<b>Meals:</b> <input type="checkbox"/> Dietary Restrictions – check if applicable			
• Breakfast #: _____ (Dates: _____)	\$ _____	\$ _____	_____
• Lunch #: _____ (Dates: _____)	\$ _____	\$ _____	_____
• Dinner #: _____ (Dates: _____)	\$ _____	\$ _____	_____
<b>Other Costs:</b> _____	\$ _____	\$ _____	_____
<b>SUBTOTAL ESTIMATED EVENT COST:</b>	\$ _____	\$ _____	_____

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

**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

## 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.

<b>APPROVALS:</b> (Signature and Date)	
_____	Principal/Dept. Mgr.
_____	Accounting

\_\_\_\_\_  
Attendee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address, City, State, Zip Code

\_\_\_\_\_  
Account Code

\_\_\_\_\_  
Funding Source



# STOCKTON UNIFIED SCHOOL DISTRICT

## Conference Attendance Request (CAR) Form

Check Event Type:  Conference  Out-of-District Meeting

Group Attendee  
( \_\_\_ of \_\_\_ )

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

Event Title: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Purpose/Justification of Event Attendance: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

	ESTIMATED COST	DISTRICT OFFICE USE ONLY	
		Actual Cost	Reference
<i>Check all that apply:</i>			
<b>Registration:</b> _____	\$ _____	\$ _____	_____
<b>Transportation:</b> (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	\$ _____	\$ _____	_____
<b>Lodging:</b>			
<input type="checkbox"/> Hotel: _____ Rate x _____ # of Nights	\$ _____	\$ _____	_____
<b>Meals:</b> <input type="checkbox"/> Dietary Restrictions – check if applicable			
• Breakfast #: _____ (Dates: _____)	\$ _____	\$ _____	_____
• Lunch #: _____ (Dates: _____)	\$ _____	\$ _____	_____
• Dinner #: _____ (Dates: _____)	\$ _____	\$ _____	_____
<b>Other Costs:</b> _____	\$ _____	\$ _____	_____
<b>SUBTOTAL ESTIMATED EVENT COST:</b>	\$ _____	\$ _____	_____

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

**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

## 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.

<b>APPROVALS:</b> (Signature and Date)	
_____	Principal/Dept. Mgr.
_____	Accounting

\_\_\_\_\_  
Attendee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address, City, State, Zip Code

\_\_\_\_\_  
Account Code

\_\_\_\_\_  
Funding Source



# STOCKTON UNIFIED SCHOOL DISTRICT

## Conference Attendance Request (CAR) Form

Check Event Type:  Conference  Out-of-District Meeting

Group Attendee  
( \_\_\_ of \_\_\_ )

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

Event Title: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Purpose/Justification of Event Attendance: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Check all that apply:

**Registration:** \_\_\_\_\_ ESTIMATED COST \$ \_\_\_\_\_

**Transportation:** (Reimbursed at lesser of transportation cost.)

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: \_\_\_\_\_ Rate x \_\_\_\_\_ # of Nights \$ \_\_\_\_\_

**Meals:**  Dietary Restrictions – check if applicable

• Breakfast #: \_\_\_\_\_ (Dates: \_\_\_\_\_) \$ \_\_\_\_\_

• Lunch #: \_\_\_\_\_ (Dates: \_\_\_\_\_) \$ \_\_\_\_\_

• Dinner #: \_\_\_\_\_ (Dates: \_\_\_\_\_) \$ \_\_\_\_\_

**Other Costs:** \_\_\_\_\_ \$ \_\_\_\_\_

**SUBTOTAL ESTIMATED EVENT COST:** \$ \_\_\_\_\_

**Substitute:**

Substitute: \_\_\_\_\_ Daily Rate, plus benefits x \_\_\_\_\_ # of Days \$ \_\_\_\_\_

Account Code \_\_\_\_\_ Funding Source \_\_\_\_\_

**SUBTOTAL ESTIMATED SUBSTITUTE COST:** \$ \_\_\_\_\_

**TOTAL ESTIMATED EVENT COST:** \$ \_\_\_\_\_

### DISTRICT OFFICE USE ONLY

Actual Cost      Reference

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

## 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

# Professional Learning Survey for Private Schools

Please complete this form following your attendance to a professional learning activity.

Professional Learning Activity Title: \_\_\_\_\_

Private School Name: \_\_\_\_\_

Are you a Teacher  or Administrator ?

**Using the following scale, please check the response best fitting the following statements about the professional learning activities you just participated in:**

**1 – Don't Know/NA**

**2 – Strongly Disagree**

**3 – Disagree**

**4 – Agree**

**5 – Strongly Agree**

- |  |   |                          |   |                          |   |                          |   |                          |   |                          |
|--|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 1. The information provided will be useful to me.                                | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 2. I will be able to apply what I have learned.                                  | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 3. The instructor was knowledgeable.   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 4. The pace of the workshop was appropriate.                                     | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 5. There were ample opportunities for participants to ask questions.             | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 6. Goals and objectives were clearly specified.                                  | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 7. Modeling of professional practices were demonstrated at an appropriate level. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |

This session will improve my ability to:

- |   |   |                          |   |                          |   |                          |   |                          |   |                          |
|---|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 8. ...engage and support all students in learning.                        | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 9. ...create and maintain effective environments for student learning.    | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 10. ...understand and organize subject matter for student learning.       | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 11. ...plan instruction and design learning experiences for all students. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 12. ...assess student learning.   | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 13. ...differentiate instruction for struggling learners.                 | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 14. ...differentiate instruction for accelerated learners.                | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |

In what ways did this session meet your professional learning needs?

How do you plan to share information from this session with the rest of your staff?

Comments/Suggestions: