STOCKTON UNIFIED SCHOOL DISTRICT

Conference Reimbursement Form

Group Attendee (1 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:	REIMBURSED COSTS	DISTRICT OFFICE USE ONLY Actual Cost	Reference
Registration: _____	$_____	$_____	
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

Revised 1/18