



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: _____

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					\$	
2	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					\$	
3	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					\$	
4	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

Air Travel Worksheet

Check Event Type: Conference Out-of-District Meeting

School/Dept: _____

Site #: _____

Event Title: _____

Location: _____

Prepared By: _____

Phone/Email: _____

5	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					\$	
6	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					\$	
7	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					\$	
8	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

Air Travel Worksheet

Check Event Type: Conference Out-of-District Meeting

School/Dept: _____

Site #: _____

Event Title: _____

Location: _____

Prepared By: _____

Phone/Email: _____

9	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					\$	
10	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 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
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

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.

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.

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.

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.

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

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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\$ _____

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\$ _____

\$ _____

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

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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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

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

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\$ _____

Lodging:

Hotel: (Provide hotel folio indicating charges.)

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Meals:

• Breakfast #: _____ (Dates: _____)

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\$ _____

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\$ _____

\$ _____

Other Costs: (Attach itemized receipts.)

_____ \$ _____

\$ _____

SUBTOTAL REIMBURSED COSTS:

\$ _____

\$ _____

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

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\$ _____

_____ \$ _____

\$ _____

TOTAL REIMBURSED COSTS:

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\$ _____

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

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 \$ _____

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Lodging:

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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

\$ _____

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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: _____)

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\$ _____

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\$ _____

\$ _____

• Dinner #: _____ (Dates: _____)

\$ _____

\$ _____

Other Costs: (Attach itemized receipts.)

_____ \$ _____

\$ _____

SUBTOTAL REIMBURSED COSTS:

\$ _____

\$ _____

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

_____ \$ _____

\$ _____

_____ \$ _____

\$ _____

TOTAL REIMBURSED COSTS:

\$ _____

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APPROVALS: (Signature and Date)

Principal/Dept. Mgr.

Accounting

Attendee's Signature

Date

Mailing Address, City, State, Zip Code

Account Code

Funding Source