

Woodville Union School District
CONFERENCE ATTENDANCE PRE-REIMBURSEMENT REQUEST

PART I – CONFERENCE ATTENDANCE REQUEST

To be completed 15 days prior to registration deadline. Submit form and backup documents to the Superintendent

Employee Name:	SSN: XXX-XX- ____-____	Budget Code:
Conference Location:	Date:	Conference Title:

THE FOLLOWING ITEMS ARE NECESSARY TO COMPLETE YOUR REQUEST

- Academic justification form is attached Complete copy of the conference flyer is attached

		Req#	PO#	
Registration	<input type="checkbox"/> Requisition to conference sponsor			\$ _____
	<input type="checkbox"/> Paid by employee to reimbursed			
Lodging	<input type="checkbox"/> Requisition to hotel			\$ _____
	<input type="checkbox"/> Paid by employee to reimbursed			
Transportation	<input type="checkbox"/> Application for Use of Vehicle/Rental } }			\$ _____
	<input type="checkbox"/> Gas card (only if above checked)			
	<input type="checkbox"/> Personal vehicle – Estimated round trip miles _____ X mileage rate _____			
Meals.	<input type="checkbox"/> Per Diem (Breakfast \$15; Lunch \$16; Dinner \$28)			\$ _____
Meals.	<input type="checkbox"/> Request for Release and Substitute Teacher			\$ _____
AMOUNT ENCUMBERED	\$ _____	TOTAL ESTIMATED EXPENSES		\$ _____

Applicant signature	Date	Principal signature	Date
Business Manage signature	Date	Superintendent signature	Date

PART II – REQUEST FOR REIMBURSEMENT

To be completed within 10 days after the conference. Make sure your conference flyer is still attached. Attach all required (*), detailed receipts. Receipts are required for Per Diem. Obtain employee signature and supervisor approval when complete.

Date	Breakfast	Lunch	Dinner	Mileage	Lodging*	Registration*	Other*	TOTAL
Amount Due to Employee								

I certify that the expenditures incurred were for the benefit of employees or trustees of the District and any expenditure for non-employees will be reimbursed to the District. I further certify that items purchased constitute a legal claim against the District and that no prohibited items (alcohol, tobacco, etc.) are included.

Employee signature	Date	Supervisor/Administrator signature	Date
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