

Farmersville Unified School District

Conference Attendance Form

Employee: _____ Position: _____
 Work Site: _____
 Others Attending: _____ Dates of Conference: _____
 Title of Conference: _____ Location of Conference: _____
 Summary of Conference Expectations (attach brochure): _____

Anticipated day, date and time of departure
 Anticipated day, date and time of return
 Method of Travel: Rental Car Train Other _____ If
 car pool, list passengers: _____
 Name of driver _____

The following check list must be completed with all necessary forms attached to this request	Estimated Costs	Actual Costs (Out of pocket)
Registration		
_____ Prepay (attach request for purchase)	\$ _____	\$ _____
_____ Reimburse (paid by employee)		
Lodging		
_____ Prepay (attach request for purchase)	\$ _____	\$ _____
_____ Reimburse (paid by employee)		
Travel Costs		
_____ Personal (_____ miles x rate _____)	\$ _____	\$ _____
_____ Rental Car (attach request for purchase)		Beginning odometer _____
_____ Other		Ending odometer _____
Meals including Tips (receipts required) See Board Policy 4133 for limits	\$ _____	\$ _____
Other Costs (receipts required)	\$ _____	\$ _____
Substitutes		
_____ Substitute need for _____ days		
_____ Substitute not needed	TOTAL \$ _____	\$ _____

Budget Number for Reimbursement Items or P.O. Number

I'D	RE	Py	GO	FN	OB	SI	MG	%	AMOUNT

Board approval required for overnight conferences and for expenses in excess of \$250

Overnight student field trips and field trips not included in the Field Trip Book must receive Board approval.

_____ Board approval has already been processed
 _____ Request for Board approval is attached
 _____ Not a student field trip

_____ Board report will be forwarded
 for the _____ Board meeting.

REQUEST/APPROVAL TO ATTEND CONFERENCE

Signature of employee _____ Date _____

Signature of Principal or Director _____ Date _____

Signature of Superintendent of Designee _____ Date _____

REQUEST FOR REIMBURSEMENT

I hereby certify that the above expenses are and were necessarily incurred in the performance of my official duty and further that no part of the above claim has heretofore been paid. There are no charges for alcoholic beverages on this claim.

Signature of Employee _____ Date _____

Signature of Principal or Director _____ Date _____

Registered attendance on _____	By _____	Notes _____
Registered attendance on _____	By _____	Notes _____
Registered attendance on _____	By _____	Notes _____