

# Farmersville Unified School District

## Pre- Approval 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: District Car 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 (Complete within 30 days after travel)
<b>Registration</b>		
_____ Prepay (attach request for purchase)	\$ _____	\$ _____
_____ Reimburse (paid by employee)		
<b>Lodging</b>		
_____ Prepay (attach request for purchase)	\$ _____	\$ _____
_____ Reimburse (paid by employee)		
<b>Travel Costs</b>		
_____ Personal (_____ miles x rate_____)	\$ _____	\$ _____
_____ District Car (attach transportation request)		Beginning odometer_____
_____ Other		Ending odometer_____
Meals including Tips (itemized receipts required)		
See Board Policy 4133 for limits Other Costs	\$ _____	\$ _____
(receipts required)	\$ _____	\$ _____
<b>Substitutes</b>		
_____ Substitute need for _____ days		
_____ Substitute not needed	TOTAL \$ _____	\$ _____

### Budget Number for Reimbursement Items or P.O. Number

FD	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 _____