



## Palisades Charter High School

15777 Bowdoin St. • Pacific Palisades • California 90272

(310) 230-6623 • FAX (310) 454-6328

### CONFERENCE/TRAVEL REQUEST FORM

Employee Attendee(s) Name(s): \_\_\_\_\_  
Department/Site: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Name of Conference/Activity: \_\_\_\_\_  
Organization/Company Holding the Conference/Activity: \_\_\_\_\_  
Location of Conference/Activity: \_\_\_\_\_ Date(s) of Conference/Activity: \_\_\_\_\_  
Purpose/Rationale (How will this conference/activity be of value to the school?): \_\_\_\_\_

**Cost Estimate (if one form is being submitted for multiple people, be sure to include all costs for all individuals):**

Estimated Expenditures	Pali to Pay Directly	Reimbursement Requested	Cost
Conference Registration _____ people @ \$ _____ per person			\$ -
Certificated Substitute(s) _____ days @ _____ per day (sal. & stat. ben.)			\$ -
Classified Substitute _____ hours			TBD by Business Office
Travel - Mileage _____ miles @ \$ 0.5350 per mile			\$ -
Travel - Airfare _____ people @ \$ _____ per person			\$ -
Travel - Taxi/Shuttle _____			\$ -
Lodging _____ nights @ \$ _____ per night			\$ -
Meals _____ Breakfasts @ TBD per meal _____ Lunches @ TBD per meal _____ Dinners @ TBD per meal			#VALUE!
Other (Parking, Tolls, Conference Materials, etc.) - please list below:			\$ -
<b>TOTAL APPROXIMATE COST</b>			<b>#VALUE!</b>
<b>AMOUNT APPROVED</b>			

I understand that my request is not granted until approved by administration and that, once approved, costs may not exceed the above estimate without prior approval from an administrator. Upon returning from an approved event, attendee must submit an itemized Request for Reimbursement and/or a Mileage Report & Reimbursement Claim form with a copy of this form, the activity agenda/program, and all original itemized receipts for any out of pocket expenses to supervisor within 3 to 5 days of return. Expenses submitted without original itemized receipts will not be reimbursed.

Requestor Signature: \_\_\_\_\_

Executive Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Funding Source: \_\_\_\_\_ SACS Code: \_\_\_\_\_

Will costs be reimbursed by another organization? Yes/No If so, what organization? \_\_\_\_\_

Superintendent/Designee Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Board Approval Date (if applicable): \_\_\_\_\_ Business Office Review \_\_\_\_\_

(initial)

(date)