

**ADELANTO ELEMENTARY SCHOOL DISTRICT**  
**Conference Application/Expense Reimbursement Form**

Today's Date		Name of Conference	
Originator of Request		Conference Date(s)	
School/Dept		Conference Location	
Alignment with District Strategic Plan			
Name of Employee Attending			
<input type="checkbox"/>	Check if need substitute. Dates needed:		<b>Business Department Use Only</b>
			Account # Correct:
Budget # for substitute: 01-	-0-	-	-1140-
Budget # for conference expenses: 01-	-0-	-	-5220-
			Initials:
If District Vehicle needed: Date & Time of Pick up:		Date & Time of Return:	Date:

Expense Type	Estimated Maximum Cost	Business Department Use Only		Employee to Complete After Conference for Reimbursement	
		Amount Prepaid by District	RC#/TC# CREDIT CARD	Actual Cost	Amount Paid by Employee
<b>Registration</b> *Attach conference brochure/registration form					
<b>Meals</b> (\$150 max/day, <b>if NOT included as part of conference</b> )					
<b>Lodging</b> (Dates ) *Attach confirmation of rate from hotel					
<b>Transportation:</b> Airfare, Trainfare, Car Rental (circle all applicable) Shuttle, Parking District Bus, Charter Bus					
<b>Mileage</b> (Miles x \$ .65.5 IRS Rate as of 1-1-23) <b>Please include map from site to event</b>					
<b>Sub cost (estimate \$250 per day)</b>					
<b>TOTAL</b>					
				<b>Total Due to Employee</b>	

**Note: All reimbursement requests must be accompanied with itemized invoices/receipts to the Business Services Department.**

**All approval signatures are required PRIOR to registering for the conference. This conference request form must be submitted to the Assistant Superintendent at least 4 weeks before the starting date of the conference. The Assistant Superintendent's office will let the originator know when approval has been given to register.**

\_\_\_\_\_  
Signature of Originator Date

\_\_\_\_\_  
Signature, Principal or Department Director Date

\_\_\_\_\_  
Signature of Assistant Superintendent Date

**Send** to Asst. Supt of Academics if Originator is: School Site Certificated Staff , Academic Services Pupil Services, or CWA.  
**Send** to Asst. Supt of Business if Originator is: CNS, Fiscal Services, Payroll Services, Purchasing Services, Technology, M&O, or Transportation  
**Send** to Asst. Supt of Personnel if Originator is: Personnel Services, Human Resources, Enrollment Services or Risk Management.