

District Office Use Only

Board Approved: \_\_\_\_\_

**KERMAN UNIFIED SCHOOL DISTRICT  
STAFF CONFERENCE REQUEST**

**THIS APPLICATION MUST BE SUBMITTED TO THE PRINCIPAL AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY. REQUESTS FOR OVERNIGHT STUDENT ACTIVITIES MUST BE BOARD APPROVED PRIOR TO THE DATE OF THE ACTIVITY.**

Requested By(Employee): \_\_\_\_\_ Site/Department: \_\_\_\_\_

Name of Conference \_\_\_\_\_ Conference Location: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Returning Date: \_\_\_\_\_ Time: \_\_\_\_\_

Estimated Miles (Roundtrip): \_\_\_\_\_ Substitute Needed: Yes  No  Number of Days: \_\_\_\_\_

How Traveling: Own Vehicle  District Car  District Van  Other  \_\_\_\_\_

District Transportation Requested/Confirmed By (Employee) \_\_\_\_\_ Date: \_\_\_\_\_

Source of Funding (Name) \_\_\_\_\_

Expenses (Estimate)	Cost	Req. #	Information	PO #
A. Substitute Pay	\$			
B. Registration	\$		Purchase Order accepted for billing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
C. Transportation	\$		Purchase Order accepted for billing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Lodging **			Name of Hotel _____ Confirmation # _____	
E. Meals	\$		Per Diem	
F. Mileage Reimb	\$			
G. Other Expenses	\$		Explain	
<b>TOTAL COST</b>	\$		<b>**To Be Completed by Business Department Staff</b>	

Principal/Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Superintendent Ed Services Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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

KUTA/CSEA Committee Approval (If Needed): \_\_\_\_\_ Date: \_\_\_\_\_

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**ADVANCE PAYMENT: (Business Office will need approved Staff Conference Request form at least 30 working days prior to registration deadline in order to process advance payment.)**

Total Advance Payment Requested \$ \_\_\_\_\_ Purchase Order # (s) \_\_\_\_\_

**REIMBURSEMENT AND VERIFICATION OF ATTENDANCE TO BE COMPLETED UPON RETURN OR CANCELLATION. Receipts are REQUIRED to validate advance payments and/or to justify claims for reimbursement. Refer to the Certificated and Classified Staff Handbooks, AR 3350, for guidelines regarding reimbursement and expenditures.**

Check Here If You Did Not Attend Conference  Reason: \_\_\_\_\_

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Board Approval/Upload Submitted By (Employee) \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Supervisor Upload Verified: \_\_\_\_\_ Date: \_\_\_\_\_

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Send Completed Forms to the Business Department. Business Department will distribute copies to Employee requesting conference, Principal/Supervisor of requesting employee and Transportation Supervisor.