

LAGUNA BEACH UNIFIED SCHOOL DISTRICT

Travel/Conference Request Form



Instructions:

1. Complete all parts of this form and submit to your Principal/Supervisor at least three (3) weeks PRIOR to the date of travel and/or conference attendance.
2. Reimbursement for all expenses REQUIRES BOARD APPROVAL and will not be paid until the Board has approved the expenses.
3. If this request is for ratification, attach a memo signed by the Principal/Supervisor, explaining why the request was not submitted prior to the activity and have it signed by the Principal/Supervisor. Similarly, If travel/conference is out-of-state, a memo of justification is required with the Principal/Supervisor's signature.

Conference/Workshop/Activity

Name of Conference: _____

Sponsor/Vendor: _____

Location: _____ (City) _____ (State) Date: _____

Provide a short summary of the conference and how it benefits or organization, as well as how the information will be shared out to other staff as applicable. Attach any brochures or information available about the conference to this request form.

Persons to be Authorized: Indicate dates for staff who need substitutes. It is the employee's responsibility to request a substitute. Attach additional forms as needed.

Name	Work Location	Substitute Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cost and Funding: Budgeted funds must be available in the program as indicated below.

Estimated Cost:

Registration Fee: _____ Persons @ \$ _____ = _____

Transportation:

Auto miles @ \$0.58 _____ Persons @ \$ _____ = _____

Air, Train, Bus _____ Persons @ \$ _____ = _____

Other _____ Persons @ \$ _____ = _____
(Car Rental, Taxi, Shuttle, Parking)

Hotel/Lodging: _____ Persons @ \$ _____ = _____
(Must be base/standard room and economically priced)

Meals: _____ Persons @ \$ _____ = _____
(not to exceed \$50 per day)

Substitutes: _____ Day/Sub @ \$ _____ = _____

Other Expense: _____ Persons @ \$ _____ = _____
(Describe)

TOTAL = _____

No Cost: Initial if no cost for this activity. _____

Signatures Required:

Requested By: _____

Principal/Supervisor: _____

Chief Business Official: _____

Superintendent: _____

Funding:

Program Name: _____

Program Budget Number: _____

Substitute Budget Number: _____

Date of Board Approval: _____

Copy to Business Office: _____

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Checklist for Completed Form

Action

Initial

All areas of the form have been completed including the summary.

A copy of the flyer and/or any other backup that will help the Board is included.

If not, why?

A copy of the map used to get the mileage is included.

If this request is for ratification, I have included an explanation of why it was turned in late.

I have verified whether or not there will be costs other than what is listed on the form.

I have included and verified the correct budget number(s) are listed on this form.

If there are no expenses in an area (example: hotel/lodging, meals, etc.), please put a line through the \$ area or a \$0 so we know the area was not missed.

Identify the LCAP Goal and provide a brief summary of actions or services provided.