

Saratoga Union School District

Conference/Workshop Request Form

LCAP:

Name(s) of Participant(s): *(Please attach additional paper with the same info if more space is needed.)*

_____ Department/Site: _____ Budget Code: _____

_____ Department/Site: _____ Budget Code: _____

Name of Conference/Workshop: _____ Date: _____

Trip Information:

To: (city) _____ (state) _____ Departure Date: _____ Return Date: _____

Substitute Needed: # of half-day sub _____ # of full-day sub _____ (enter "0" if no sub is needed)

Please do not make purchases until the request is approved.

Estimated Expense

Amount:

1. Substitute cost:

2. Registration Fee: *(Please attach brochure/registration for event)*

3. Travel Expenses:

*Please read [Board Policy 3350 and Administrative Regulations 3350](#) on district website for detailed information.

(Please attach travel map for driving distance)

3.1 Auto Miles @ \$0.575*/mile x (# of vehicle)

*(*rate changes yearly based on federal law)*

Car-pool with: _____

3.2 Air Travel (coach only):

from to

3.3 Other transportation costs: (parking, taxi, rental car, etc.: please describe below)

4. Lodging:

Night(s) @ x Room(s)

5. Meals: *(Please find per diem rates at [Per Diem Rates for California](#) on the GSA website.)*

Explain your calculation here:

Total Estimated Cost:

Requested by: _____

Date: _____

(Please submit reimbursement forms and original receipts after the event.)

Approved by: _____

Date: _____

(Supervisor: please send one copy to Business Office once the request is approved.)

Notes: