

Alpine County Unified School District / Alpine County Office of Education
REQUEST TO ATTEND EDUCATIONAL EVENT

Please complete this form, including all known costs and account codes, and then return request form to the Principal, Business Manager or Superintendent for formal approval. This form will then move on to the District Office for travel arrangement processing.

Name of Attendee: _____ Date Form Given to Supervisor: _____

I request approval to attend the following seminar, meeting, conference, event, etc.

Title of Event	Location	Beginning Date/Time	Ending Date/Time

REQUIREMENTS FOR ATTENDING THIS EVENT		AMOUNT REQUESTED
REGISTRATION FEES List the amount requested to register for this event. Attached to this form the required registration form for purchase order processing. If it is required to register on-line, please supply the web site address		\$ _____ (Registration Fees)
HOTEL ROOM ACCOMODATION NEEDS In the event a hotel room is required for this event, the District Office will make the arrangements. Estimated Cost per night of hotel is: \$ _____. Arrival Date: _____ Departure Date: _____		\$ _____ (Total Hotel Costs)
MEALS Meals will be reimbursed at a per diem IRS rate as follows if they are not already covered by the registration fees: [] I wish to receive my per diem upon my return and will make that notion on the "Claim for Reimbursement Form." Breakfast \$16, Lunch \$19, Dinner \$28, Incidentals \$5 or Daily Rate of \$68. Travel to and return from district-related activity must begin prior to 7:00 am and/or end after 6:00 pm in order to request reimbursement for breakfast or dinner. In order to receive lunch reimbursement, travel must begin prior to 11:00 am or end after 1:00 pm. The full daily amount will be received for a single calendar day of travel when that day is neither the first or the last day of travel. Amount received on the first and last day of travel equals 75% of total per diem reimbursement rate. [] I plan on saving my receipts and will be attaching them to the "Claim for Reimbursement Form" upon my return. [] I wish to obtain a credit card from the Business Department one day prior to my travel. I will save all credit card receipts and will turn them into the Business Department along with the credit card on the day of my return from travel.		
METHOD OF TRAVEL [] I wish to take my personal car . I estimate the number of miles to and from the event to be _____ x \$.725 / mile = _____ [] I would like to request a school suburban . I estimate the number of miles to and from the event to be _____ (If more than one person is to attend this event, a school suburban is desired.) Has Vehicle Request form been completed and submitted to Transportation Supervisor? [] Yes [] No [] I need airline tickets arranged for this event. Airline Preference: _____ Departure Date and Time: _____ Date and Time: _____		\$ _____ (Estimated cost of travel by personal car, school vehicle) \$ _____ (Estimated cost of travel for airline, taxi, etc)
SUBSTITUTE NEEDS Is a substitute needed for your position while you are away attending this event? [] Yes [] No Have arrangements been made with School Office for a substitute to be scheduled? [] Yes [] No Cost of a certificated substitute is <u>\$115 per day</u> . The cost of a classified substitute varies depending upon hours and days. For estimation purposes, calculated the cost of a classified as approximately <u>\$75 per day</u> .		\$ _____ (Estimated cost of a substitute for total event)
APPROVAL SIGNATURES		
Administrator Approval and Date		Board of Trustees Approval and Date (if cost is over \$1000)
Funding Resource: _____		(Administrator – Please Do Not Leave This Blank)
Account Code for Funding Event (Determined by Supervisor)	FU (2) RES (4) YR (1) GOAL (4) FUN (4) OBJ (4) SCH (3) MGMT (4)	\$ _____ (Total Expenses for this requested event)