

SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT / SIERRA COUNTY OFFICE OF EDUCATION

109 Beckwith Road, P.O. Box 955, Loyalton, CA 96118

Tel: (530) 993-1660 Fax: (530) 993-0828

REQUEST FOR TRAVEL/CONFERENCE APPROVAL**PURCHASE ORDER REQUIRED FOR EACH EXPENSE CLAIM**

Prepayment Required ☐ **Yes** **Date Due:** _____ **To:** _____
☐ **No** (Unless you indicate a prepayment is necessary, no prepayment will be sent)

Employee: _____ Date of Request: _____

SCHOOL/SITE

Date(s) of Activity

Destination: _____ (facility you are visiting and city)

Funding Program: _____

Purpose of Activity: _____

How will attendance benefit the District's educational program(s)? _____

THE FOLLOWING CLAIMS REQUIRE A PURCHASE ORDER EACH. PLEASE ATTACH A COPY WITH THIS FORM.

TRANSPORTATION: <input type="checkbox"/> District Vehicle <input type="checkbox"/> Personal <input type="checkbox"/> Other _____ Est. Miles _____ x \$.58/mile = \$ _____ (Mileage will only be paid when a School/District vehicle is not available.)		
PER DIEM: _____ Breakfast x \$10.00 = _____ _____ Lunch x \$11.00 = _____ _____ Dinner x \$18.00 = _____ Per Diem is taxable income, unless it meets the IRS overnight travel rule.	PARKING: _____ Days x \$ _____ = \$ _____ Taxi/Shuttle: _____ Trips x \$ _____ /Trip = \$ _____	AIR TRAVEL: Airline Name: _____ Confirmation #: _____ Total Cost: _____ Please attach copy of confirmation/receipt
REGISTRATION FEE: \$ _____ ORGANIZATION CONDUCTING ACTIVITY: _____ (Attach completed copy of ENTIRE Registration Form)		
REGISTRATION HAS BEEN MADE <input type="checkbox"/> YES <input type="checkbox"/> NO REGISTRATION FORM NEEDS TO BE MAILED <input type="checkbox"/> YES <input type="checkbox"/> NO		
LODGING: Hotel name and address: _____ Tele: _____ Dates: _____ Confirmation # _____ Total cost including all taxes per night \$ _____ x _____ nights = Total cost of lodging \$ _____		

NOTE: HOTEL ACCOMMODATION INFORMATION AND COMPLETED REGISTRATION FORM MUST BE ATTACHED OR REQUEST WILL BE RETURNED!

SUBSTITUTE REQUIRED: _____ **PROGRAM TO CHARGE:** _____

After approval by the site administrator, employees must follow these steps:

- Employees are responsible for their own registration, hotel and travel arrangements and any changes thereto. If an employee does not cancel in an appropriate amount of time to secure a refund, the employee will be responsible for covering the cost.
- This form, a copy of registration, all required purchase orders, and any backup documentation must be submitted to the District Office –four weeks prior – to date of departure or registration deadline.

STAFF DEVELOPMENT DAY(S): _____ **SUPERINTENDENT APPROVAL:** _____

(Certificated staff only when conference is on a non-contract day, and is at least 6 hours in length)

APPROVAL		
Authorizing Agent	Signature	Date
ADMINISTRATOR:		
SUPERINTENDENT:		