

**SAN MARINO UNIFIED SCHOOL DISTRICT  
REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES  
FOR AUTHORIZED EXPENDITURES**

(Original Receipts Must Be Attached)

**NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Conference Attended:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

† Receipts must be original for the receipt only, and those directly related to attendance. Employees will be reimbursed for a sum not to exceed maximum of per diem allowance as defined by current Government Allowance (<http://policyworks.gov/org/main/mt/homepage/mtt/perdiem/perd04d.html>)

**Transportation** to and from the Conference

**Via: Plane/Train/Bus** \$ \_\_\_\_\_

**Via: Personal Automobile** \_\_\_\_\_ miles @ per diem rate \$ \_\_\_\_\_  
(Note: †Reimbursed at less of Auto or Plane Fare per diem)

**Accommodations:**

Hotel for: \_\_\_\_\_ nights @ \$ \_\_\_\_\_ per night per diem \$ \_\_\_\_\_

**Meals**

Date: \_\_\_\_\_

Breakfast: \$ \_\_\_\_\_

Lunch: \$ \_\_\_\_\_

Dinner: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Date: \_\_\_\_\_

Breakfast: \$ \_\_\_\_\_

Lunch: \$ \_\_\_\_\_

Dinner: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Date: \_\_\_\_\_

Breakfast: \$ \_\_\_\_\_

Lunch: \$ \_\_\_\_\_

Dinner: \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Conference Fees:** \_\_\_\_\_ P.O. # \_\_\_\_\_ \$ \_\_\_\_\_

**Parking:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL REIMBURSEMENT REQUESTED:** \$ \_\_\_\_\_

(Note: Cannot exceed Board Authorized Amount)

*I hereby certify by my signature below that the expenses listed for conference attendance are actual and necessary, and I haven't profited financially from the transaction.*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Accounting Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Account Distribution:** \_\_\_\_\_

Certificated employee are required to submit a Conference Report within 15 days from the closing date of conference to the Administrator and Assistant Superintendent of Instruction.