

**San Marino Unified School District  
Conference Request**

(All Conferences Must be Approved Prior to the Conference Date(s).)

(Print) Attendee Last Name	First Name	
School Site/Department	Position	Grade/Subject
Conference Title	Sponsoring Organization	
Conference Date(s)	Date(s) Substitute Required	
Funding Source Title	Account #	
How is this conference related to district, school, or grant goals?		

**Please complete cost estimates carefully. Attendees will be reimbursed for pre-approved expenses only up to the maximum of per diem allowances as defined by the current government rate for the city in which the conference is being held. Refer to (<http://policyworks.gov/org/main/mt/homepage/mtt/perdiem/perd04d.html>)**

**\*Attach copy of registration form, flyer/brochure and a copy of Requisition (when appropriate)**

Registration (req# _____) *	_____
Transportation (plane / train / bus)	_____
Hotel	_____
Meals	_____
Other	_____
Subtotal (excluding sub cost)	=====
Substitute Cost	_____
Total	=====

**Business Office will complete these columns**

Paid to Vendor	Reimburse to Employee
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Conference Attendee Signature \_\_\_\_\_

Date Submitted \_\_\_\_\_

Approvals:

Site Administrator		Program Administrator		Assistant Superintendent		Board
Initials	Date	Initials	Date	Initials	Date	Date

Routing: Attendee; Site Administrator, Program Administrator, Assistant Superintendent; Business Office; confirmation to employee

- White - Business Office
- Yellow - Accounts Payable
- Pink - Attendee Confirmation
- Gold - Originator's Copy