



LOS ALAMITOS UNIFIED SCHOOL DISTRICT

P.O.

CONFERENCE APPROVAL REQUEST

TO: Sherry Kropp, Superintendent

DATE: _____

PERSON(S) TO ATTEND CONFERENCE: _____

NAME OF CONFERENCE: _____
(Attach brochure or summary information)

DATE(S) OF CONFERENCE: _____

LOCATION OF CONFERENCE: _____

SPECIFIC PURPOSE OR TOPICS _____

RELATED TO JOB ASSIGNMENT: _____

CHECK HERE IF PRE-REGISTRATION PAYMENT IS NEEDED ___ AND ATTACH THE COMPLETED REGISTRATION FORM OR INDICATE AMOUNT OF REGISTRATION AND COMPLETE MAILING ADDRESS, INCLUDING ZIP CODE, FOR PRE-PAYMENT:

REGISTRATION \$ _____ AIR FARE & OTHER FEES (Parking) \$ _____

LODGING (Incl Tax) \$ _____ MEAL: _____ DAYS @ \$50 Per Day \$ _____

TRANSPORTATION
Miles _____ @ \$ _____ Per Mile \$ _____ ESTIMATED TOTAL COST
NOT TO EXCEED: \$ _____

CHARGE BUDGET ACCOUNT NUMBER: _____

NOTE: Receipts are required for all expenses including food, transportation, parking, hotel and registration

SUBSTITUTE REQUIRED : Yes No # SUB DAYS _____ SUB COSTS \$ _____

BUDGET ACCOUNT TO BE CHARGED: _____

APPROVALS:

Supervisor Date

Assistant Superintendent Date

Superintendent Date

CONFERENCE REIMBURSEMENT REQUEST are to be submitted to the Business Office upon return.