



# Los Alamitos Unified School District

## Conference Reimbursement Request

P.O #

**Date:** \_\_\_\_\_ **Conference:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Position/Site:** \_\_\_\_\_ **Date(s) of Conference:** \_\_\_\_\_

**Budget #:** \_\_\_\_\_

|   |                     |  |  |  |  |           |
|---|---------------------|--|--|--|--|-----------|
| Dates of Attendance (mm/dd/yy)  |                     |  |  |  |  |           |
| Registration Fee  |                     |  |  |  |  | \$        |
| Transportation Air <input type="checkbox"/> Auto <input type="checkbox"/> | Miles _____ @ _____ |  |  |  |  | \$        |
| Car Rental  |                     |  |  |  |  | \$        |
| Parking Fees  |                     |  |  |  |  | \$        |
| Taxi/Shuttle  |                     |  |  |  |  | \$        |
| Breakfast   |                     |  |  |  |  | \$        |
| Lunch   |                     |  |  |  |  | \$        |
| Dinner  |                     |  |  |  |  | \$        |
| Hotel   |                     |  |  |  |  | \$        |
| Other Expense   |                     |  |  |  |  | \$        |
| Total Expense   |                     |  |  |  |  | \$        |
| Less Previously Advanced  |                     |  |  |  |  | \$        |
| <b>Total Reimbursement Claim</b>  |                     |  |  |  |  | <b>\$</b> |

**I hereby certify that the above statement represents the actual and necessary expenses in connection with attendance at this conference. All receipts must be attached in order to receive reimbursement.**

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

Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Business Office Only**

\_\_\_\_\_  
Director of Fiscal Services Approval

\_\_\_\_\_  
Date