



**Palisades Charter High School**  
 15777 Bowdoin St. • Pacific Palisades • California 90272  
 (310) 230-6623 • FAX (310) 454-6328

\* Add Lisa Saxon  
 \* 5 rooms needed

Lucia Pereyra  
 Shirin Ramzi  
 Kevin Oliva  
 Andres Merlos

**CONFERENCE/TRAVEL REQUEST FORM**

Employee Attendee(s) Name(s): MYRNA CERVANTES, Monica Janessa, Angella Pereyra,  
 Department/Site: FUERZA UNIDA Date of Request: 12.06.21  
 Name of Conference/Activity: PREP RATE  
 Organization/Company Holding the Conference/Activity: College Board  
 Location of Conference/Activity: New York City Date(s) of Conference/Activity: April 3, 2022 to April 6,  
 Purpose/Rationale (How will this conference/activity be of value to the school?):  
Educating Latinos for the future of America, opportunity to discuss issues affecting Latinos 2022.

**Cost Estimate (if one form is being submitted for multiple people, be sure to include all costs for all individuals):**

Estimated Expenditures	Paid to Pay Directly	Reimbursement Requested	Cost
Conference Registration <u>7</u> people @ \$ <u>435</u> - per person	✓		\$ <u>3045.00</u>
Certificated Substitute(s) <u>3</u> days X <u>4</u> @ _____ per day (sal. & stat. ben.)	✓		\$ -
Travel - Mileage _____ miles @ \$ 0.5750 per mile			\$ -
Travel - Airfare <u>7</u> people @ \$ <u>400</u> - per person	✓		\$ <u>2800.00</u>
Travel - Ride Sharing Svs/Taxi/Shuttle _____ <u>N/A</u> Type total amount into "cost" cell			\$ -
Lodging <u>4 rooms X 3</u> nights @ \$ <u>680</u> - per night	✓		\$ <u>2044.00</u>
Meals _____ Breakfasts @ \$ 10.00 per meal			\$ -
_____ Lunches @ \$ 10.00 per meal			\$ -
_____ Dinners @ \$ 20.00 per meal			\$ -
Other (Parking, Tolls, Conference Materials, etc.) - please list below:			\$ -
<b>Total Cost for <u>7</u> Fuerza Active Members. TOTAL APPROXIMATE COST</b>			<b>\$ <u>17889.00</u></b>
<b>AMOUNT APPROVED</b>			

without prior approval from an administrator. Upon returning from an approved event, attendee must submit an itemized Request for Reimbursement and/or a Mileage Report & Reimbursement Claim form with a copy of this form, the activity agenda/program, and all original itemized receipts for any out of pocket expenses to supervisor within 3 to 5 days of return. Expenses submitted without original itemized receipts will not be reimbursed.

Requestor Signature: [Signature] Date: 12/06/21

Executive Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Funding Source: \_\_\_\_\_ SACS Code: \_\_\_\_\_

Will costs be reimbursed by another organization? Yes/No If so, what organization? \_\_\_\_\_

Board of Trustee/Designee Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Board Approval Date (if applicable): \_\_\_\_\_ Business Office Review \_\_\_\_\_ (initial) (date)