



Palisades Charter High School

15777 Bowdoin St. • Pacific Palisades • California 90272

(310) 230-6623 • FAX (310) 454-6328

CONFERENCE/TRAVEL REQUEST FORM

MARTINEZ CERVANTES

Employee Attendee(s) Name(s): NANCE GIANNONE RICHLBAUER
Department/Site: WORLD LANGUAGE Date of Request: 9/13/22
Name of Conference/Activity: ACTFL WORLD CONFERENCE
Organization/Company Holding the Conference/Activity: ACTFL
Location of Conference/Activity: BOSTON MA Date(s) of Conference/Activity: 11/17-20
Purpose/Rationale (How will this conference/activity be of value to the school?)

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

Estimated Expenditures	Pali to Pay Directly	Reimbursement Requested	Cost
Conference Registration <u>7</u> people @ \$ <u>330</u> per person	<u>2310</u>		\$ <u>2310</u> -
Certificated Substitute(s) <u>2</u> days @ per day (sal. & stat. ben.)	<u>2600</u>		\$ <u>2600</u> -
Travel - Mileage <u>2</u> miles @ \$ 0.585 per mile			\$ -
Travel - Airfare people @ \$ <u>500</u> per person		<u>3500</u>	\$ <u>3500</u>
Travel - Ride Sharing Svs/Taxi/Shuttle <u>\$50 x 7</u> Type total amount into "cost" cell		<u>350</u>	\$ <u>350</u> -
Lodging <u>3</u> nights @ \$ <u>167</u> per night		<u>3507</u>	\$ <u>3507</u> -
Meals <u>\$130 per person</u> Breakfasts @ \$ 10.00 per meal Lunches @ \$ 10.00 per meal Dinners @ \$ 20.00 per meal		<u>910</u>	\$ <u>910</u> -
Other (Parking, Tolls, Conference Materials, etc.) - please list below: <u>Optional session on grading 95 x 5</u>			\$ <u>475</u> -
TOTAL APPROXIMATE COST			\$ <u>13,652</u> -
AMOUNT APPROVED			

I understand that my request is not granted until approved by administration and that, once approved, costs may not exceed the above estimate 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: ME Nance 9/19/22
Executive Director Approval: Sam Mape Date: 9/28/22
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)



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CONFERENCE/TRAVEL REQUEST FORM

Employee Attendee(s) Name(s):	<u>Tyler Farrell</u>		
Department/Site:	<u>CTE</u>	Date of Request:	<u>10/11/22</u>
Name of Conference/Activity:	<u>ACTE Vision Conference 2022</u>		
Organization/Company Holding the Conference/Activity:	<u>ACTE</u>		
Location of Conference/Activity:	<u>Las Vegas, NV</u>	Date(s) of Conference/Activity:	<u>11/30-12/3</u>
Purpose/Rationale (How will this conference/activity be of value to the school?) <u>Special Sessions on CTE Administration, and pathway development</u>			

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

Estimated Expenditures	Pali to Pay Directly	Reimbursement Requested	Cost
Conference Registration <u>1</u> people @ \$ 745 - per person		X	\$ 745 -
Certificated Substitute(s) <u>0</u> days @ per day (sal. & stat. ben.)			\$ -
Travel - Mileage miles @ \$ 0.585 per mile			\$ -
Travel - Airfare <u>1</u> people @ \$ 134.97 per person		X	\$ 134.97-
Travel - Ride Sharing Svs/Taxi/Shuttle Type total amount into "cost" cell		X	\$ 50 -
Lodging <u>3</u> nights @ \$ 149 - per night		X	\$ 625.85-
Meals <u>2</u> Breakfasts @ \$ 10.00 per meal <u>2</u> Lunches @ \$ 10.00 per meal <u>2</u> Dinners @ \$ 20.00 per meal		X	\$ 80 -
Other (Parking, Tolls, Conference Materials, etc.) - please list below:			\$ -
TOTAL APPROXIMATE COST			\$ 1,635.82-
AMOUNT APPROVED			

I understand that my request is not granted until approved by administration and that, once approved, costs may not exceed the above estimate 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:

Tyler Farrell

Executive Director Approval:

Gary Mager

Date:

10/14/22

Funding Source:

CTE Incentive Grant

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)