



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

Nacac Reg. #
 # 0166741
 Housing # 5573

CONFERENCE/TRAVEL REQUEST FORM

Employee Attendee(s) Name(s): Karen Ellis
 Department/Site: College Center Date of Request: 8/3/23
 Name of Conference/Activity: NACAC (National Association of
 Organization/Company Holding the Conference/Activity: College Admission Counseling
 Location of Conference/Activity: NACAC - Baltimore, MD Date(s) of Conference/Activity: Sept. 20-23
 Purpose/Rationale (How will this conference/activity be of value to the school?): This conference provides insight & updates to college admissions changes and updates. Newly implemented processes will be attended by several college reps.
 Cost Estimate (if one form is being submitted for multiple people, be sure to include all costs for all individuals): college reps

Estimated Expenditures	Pali to Pay Directly	Reimbursement Requested	Cost
Conference Registration <u>1</u> people @ \$ - per person			\$ 510.00
Certificated Substitute(s) _____ days @ _____ per day (sal. & stat. ben.)			\$ -
Travel - Mileage _____ miles @ \$ 0.625 per mile			\$ -
Travel - Airfare <u>1</u> people @ \$ - per person			\$ 611.00
Travel - Ride Sharing <u>To and from airport</u> Svs/Taxi/Shuttle <u>100.00 (approx)</u> Type total amount into "cost" cell			\$ 100.00
Lodging <u>4</u> nights @ \$ <u>199.00</u> per night + <u>17.50%</u> tax			\$ 935.30
Meals <u>4</u> Breakfasts @ \$ 10.00 per meal <u>4</u> Lunches @ \$ 10.00 per meal <u>4</u> Dinners @ \$ 20.00 per meal			\$ 160.00
Other (Parking, Tolls, Conference Materials, etc.) - please list below:			\$ -
TOTAL APPROXIMATE COST			\$ 2,316.30
AMOUNT APPROVED			2,316.30

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: Karen Ellis

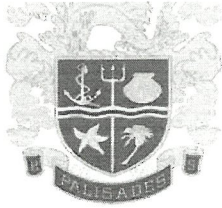
Executive Director Approval: Tom Maper Date: 8/4/2023

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)



Palisades Charter High School

15777 Bowdoin St. • Pacific Palisades • California 90272

(310) 230-6623 • FAX (310) 454-6328

CONFERENCE/TRAVEL REQUEST FORM

Employee Attendee(s) Name(s): Guadalupe Gutierrez
 Department/Site: Student Supports & Services / Sped Date of Request: 08/08/23
 Name of Conference/Activity: National Association of School Psychology Convention
 Organization/Company Holding the Conference/Activity: NASP
 Location of Conference/Activity: NEW ORLEANS, LA Date(s) of Conference/Activity: 02/14/24 - 02/17/24
 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):					Pali to Pay Directly	Reimbursement Requested	Cost
Estimated Expenditures							
Conference Registration	_____ people	@ \$	- per person				\$ -
Certificated Substitute(s)	_____ days	@	per day (sal. & stat. ben.)				\$ -
Travel - Mileage	_____ miles	@ \$	0.585 per mile				\$ -
Travel - Airfare	_____ people	@ \$	- per person				\$ -
Travel - Ride Sharing Svs/Taxi/Shuttle	Type total amount into "cost" cell						\$ -
Lodging	_____ nights	@ \$	- per night				\$ -
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:							\$ -
TOTAL APPROXIMATE COST							\$ -
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: *Guadalupe Gutierrez*

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)



Palisades Charter High School

15777 Bowdoin St. • Pacific Palisades • California 90272

(310) 230-6623 • FAX (310) 454-6328

CONFERENCE/TRAVEL REQUEST FORM

Employee Attendee(s) Name(s): <u>Chelsay Showers</u>	
Department/Site: <u>Student Support Services / SPS</u>	Date of Request: <u>08/08/23</u>
Name of Conference/Activity: <u>National Association of School Psychology Convention</u>	
Organization/Company Holding the Conference/Activity: <u>NASP</u>	
Location of Conference/Activity: <u>New Orleans, LA</u>	Date(s) of Conference/Activity: <u>02/14/24-02/17/24</u>
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 _____ people @ \$ _____ per person			\$ -
Certificated Substitute(s) _____ days @ _____ per day (sal. & stat. ben.)			\$ -
Travel - Mileage _____ miles @ \$ 0.585 per mile			\$ -
Travel - Airfare _____ people @ \$ _____ per person			\$ -
Travel - Ride Sharing Svs/Taxi/Shuttle _____ Type total amount into "cost" cell			\$ -
Lodging _____ nights @ \$ _____ per night			\$ -
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:			\$ -
TOTAL APPROXIMATE COST			\$ -
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: Chelsay Showers

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)

National Association of School Psychology Convention (NASP) 2024

Date: February 14-17

Location: New Orleans, Louisiana

Hotels: Partnered with NASP - Marriott and Sheraton New Orleans on Canal Street

Registration Information: Registration opens October 2, 2023. Convention attendees enjoy discounted hotel room rates* through the NASP Housing Center beginning October 2, 2023.

Pricing:

Early Registration 11/15/2023-01/10/2024:

- Member: \$269
- Nonmember: \$509

Full Registration 1/11/2024-02/07/2024:

- Member: \$319
- Nonmember: \$559

NOTE: Lupita and I are not members.

- Chelsay and Lupita: \$230.00 each to get “Regular Membership.”

ESTIMATED BUDGET

Registration	Flights	Hotel
Lupita Membership: \$230 Chelsay Membership: \$230 Early Registration: \$269 x2 Total: \$998.00	Current flights from LAX to MSY 02/13/24 - 02/17/24 Round Trip: \$415.00 x2 Total: \$830.00	Lupita and I will share a room. NASP Pricing – Marriott: \$259.00 per night x 4 nights. Total w/o tax and fees: \$1,036.00 NASP Pricing – Sheraton: \$259.00 per night x 4 nights. Total w/o tax and fees: \$1,036.00
		Estimate Grand Total: \$2,864.00