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):	Tammie Wilson
Department/Site: Student Support	Date of Request: 9/21/23
Name of Conference/Activity:	National Schools Visits Conference
Organization/Company Holding the Conference/Activity:	SELF
Location of Conference/Activity: Denver Colorado	Date(s) of Conference/Activity: Oct 24-27
Purpose/Rationale (How will this conference/activity be of value to the school?) SELF Fellowship Award $13,550.00 (see attached)	

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					$ 0 -
Certificated Substitute(s)		days	@ per day (sal. & stat. ben.)					$ 0 -
Travel - Mileage		miles	@ $ 0.585 per mile					$ -
Travel - Airfare		people	@ $ - per person					$ 350 -00
Travel - Ride Sharing Svs/Taxi/Shuttle	UBER Airport - Hotel @ Hotel to school site		Type total amount into "cost" cell Hotel to Airport					$ 200. -00
Lodging	4	nights	@ $ 249 -00 per night (by 9/30)					$ 864 -6$
Meals	4	Breakfasts	@ $ 10.00 per meal = 40 00					$ 130 00
	1	Lunches	@ $ 10.00 per meal = 10.00					
	4	Dinners	@ $ 20.00 per meal = 80.00					
Other (Parking, Tolls, Conference Materials, etc.) - please list below:								$ -
						TOTAL APPROXIMATE COST		$ 1674 .6$
						AMOUNT APPROVED		

I understand that my request in 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: _Tammie Wilson_

Executive Director Approval: _Pam Magee_		Date:	Oct. 3, 2023
Funding Source: EEF	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)_ 10/2/23 _(date)_