



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): Tyler Farrell
 Department/Site: CTE/Attendance Date of Request: 3/22/24
 Name of Conference/Activity: Link Crew Basic Training
 Organization/Company Holding the Conference/Activity: Boomerang Project
 Location of Conference/Activity: Phoenix, AZ Date(s) of Conference/Activity: April 7-10
 Purpose/Rationale (How will this conference/activity be of value to the school?): Training to keep our Link Crew program alive + benefit ALL PCHS students through outreach

Cost Estimate (if one form is being submitted for multiple people, be sure to include all costs for all individuals): 4,142.80

Estimated Expenditures	Pali to Pay Directly	Reimbursement Requested	Cost
Conference Registration <u>1</u> people @ \$ <u>3725</u> - per person	X		\$ <u>3725</u> - ⁰⁰
Certificated Substitute(s) <u>0</u> days @ _____ per day (sal. & stat. ben.)			\$ -
Travel - Mileage <u>0</u> miles @ \$ 0.585 per mile			\$ -
Travel - Airfare <u>1</u> people @ \$ <u>334.⁶⁸</u> per person		X	\$ <u>334.⁶⁸</u> -
Travel - Ride Sharing Svs/Taxi/Shuttle _____ Type total amount into "cost" cell		X	\$ <u>83.⁷²</u> -
Lodging <u>0</u> 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			\$ <u>4142</u> - ⁸⁰
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: _____ 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): Alex Landaverde & Karen Ellis
 Department/Site: College Center Date of Request: March 13, 2024
 Name of Conference/Activity: AP Annual Conference 2024
 Organization/Company Holding the Conference/Activity: College Board
 Location of Conference/Activity: Las Vegas, NV Date(s) of Conference/Activity: July 24-27, 2024
 Purpose/Rationale (How will this conference/activity be of value to the school?):
AP professional development conference

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>2</u> people @ \$ <u>525.00</u> per person			\$ <u>1,050.00</u>
Certificated Substitute(s) _____ days @ _____ per day (sal. & stat. ben.)			\$ -
Travel - Mileage _____ miles @ \$ 0.625 per mile			\$ -
Travel - Airfare <u>2</u> people @ \$ <u>300.00</u> per person			\$ <u>600.00</u>
Travel - Ride Sharing Svs/Taxi/Shuttle _____ Type total amount into "cost" cell			\$ <u>120.00</u>
Lodging <u>6</u> nights @ \$ <u>300.00</u> per night			\$ <u>1,800.00</u>
Meals <u>6</u> Breakfasts @ \$ 10.00 per meal <u>6</u> Lunches @ \$ 10.00 per meal <u>6</u> Dinners @ \$ 20.00 per meal			\$ <u>240.00</u>
Other (Parking, Tolls, Conference Materials, etc.) - please list below:			\$ -
TOTAL APPROXIMATE COST			\$ <u>3,810.00</u>
AMOUNT APPROVED			

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: Alex Landaverde / Karen Ellis

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)