



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): _____

Department/Site: _____ Date of Request: _____

Name of Conference/Activity: _____

Organization/Company Holding the Conference/Activity: _____

Location of Conference/Activity: _____ Date(s) of Conference/Activity: _____

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 @ \$ 0.5350 per mile			\$ -
Travel - Airfare _____ people @ \$ _____ per person			\$ -
Travel - Taxi/Shuttle _____			\$ -
Lodging _____ nights @ \$ 150.00 per night			\$ -
Meals			
_____ Breakfasts @ \$ 5.00 per meal			\$ -
_____ Lunches @ \$ 5.00 per meal			\$ -
_____ Dinners @ \$ 15.00 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 the Executive Director & may not be reimbursed. 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: _____

Executive Director Approval: _____ Date: _____

Funding Source: _____ SACS Code: _____

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

Superintendent/Designee Approval: _____ Date: _____

Board Approval Date (if applicable): _____ Business Office Review _____

(initial)

(date)