ADELANTO ELEMENTARY SCHOOL DISTRICT

Conference Application/Expense Reimbursement Form

Today's Date		Name of Conference				
Originator of Request		Conference Date(s)				
School/Dept		Conference Location				
Alignment with District Strategic Plan		,				
Name of Employee Attending						
Check if need substitute. Dates needed:					Business Department Use Only	
					Account # Correct:	
Budget # for substitute: 0101140					Budget Amount:	
Budget # for conference expenses: 0105200					Initials:	
If District Vehicle need	led: Date & Time of Pick up:		Date & Time of Ret	turn:	Date:	
			Business Depa	rtment Use Only	Employee t	o Complete or Reimburseme
	pense Type	Estimated Maximum Cost	Amount Prepaid by District	RC#/TC# CREDIT CARD	Actual Cost	Amount Paid b Employee
Registration *Attach conference broken	chure/registration form					
	if NOT included as part of					
Lodging (Dates_ *Attach confirmation of	rate from hotel					
(circle all applicable) Sh	rfare, Trainfare, Car Rental auttle, Parking strict Bus, Charter Bus					
Mileage (
Sub cost (estimate \$1						
	TOTAL					
					Total Due to Employee	
Note: All reimbursem Services Department.	ent requests must be accomp	anied with itemized i	nvoices/receipts to t	he Business		
submitted to the	atures are required PRI CAO, CBO, or CPO <mark>at le</mark> when approval has been	ast 4 weeks befo	ore the starting d			
Signature of Originator	Date	-	Send to CAO if Originator is: School Site Certificated Staff or Academic Services			
Signature, Principal or Department Director Date			Send to CBO if Originator is: CNS, Fiscal Services, Payroll Services, Purchasing Services, M&O, or Transportation			
Send to CPO if Originator is: Personnel Services,						•
Signature of CAO, CBO,	or CPO Date	9		Enrollmer	nt Services, Risk Man	agement

White: Business Yellow: Chief Pink: Site/Dept AESD 09-2015