

EASTSIDE UNION SCHOOL DISTRICT

PROFESSIONAL DEVELOPMENT CONFERENCE ATTENDANCE



REQUEST AND REIMBURSEMENT FORM

Name		Date	
School/Department		Title of Conference	
Location of Conference		Date(s) of Conference	

EXPENSES (ESTIMATE IF UNCERTAIN)

Category: Item Cost									Amount
Conference									\$ -
Mileage				x				\$0.655	\$ -
	Round Trip Total Mileage				Rate				
Lodging				x					\$ -
	Total # of Nights				Cost Per Night				
Meal Allowance				x				\$50.00	\$ -
	Maximum Per Diem				# of Days				
Other Expenses									\$ -
	Cost				Explanation				
Budget									\$ -
	Fund	Sub Fund	Resource	Project Year	Goal	Function	Object	Location	Sub Total
Category: Labor Cost									Amount
Additional Rate for Non-Contracted Days				x				6.83hrs x \$45.00	\$ -
	Hours Max Per Day x Hourly Rate				# of Days				
Substitute Teacher \$225 or \$250				x					\$ -
	# of Days				Cost Per Day				
Budget									\$ -
	Fund	Sub Fund	Resource	Project Year	Goal	Function	Object	Location	Sub Total
									\$ -
									Grand Total

Justification/Alignment to State & Federal Program Goals/LEAP/SPSA Goals & Strategies

Employee Signature		Date	
Principal/Administrator Signature		Date	

If Title I Funding is required, signature of Assistant Superintendent of Educational Services is needed below.

Signature		Date	
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Category: Reimbursement									Amount
Item Reimbursement	Please include documentation for any item needing reimbursement.								\$ -
Labor Reimbursement	You must attach a signed/completed time sheet to this sheet.								\$ -
Employee Signature								Date	
Principal/Administrator Signature								Date	

**PROFESSIONAL DEVELOPMENT CONFERENCE ATTENDANCE
REQUEST AND REIMBURSEMENT FORM
PROCESS/PROCEDURES**

IF THIS IS THE VERY 1ST TIME YOU ARE REQUESTING A REIMBURSEMENT:

- Please attach a separate sheet to this form with your **full name**, **phone number**, **mailing address**, and **social security** number to add you as a vendor in our BEST Advantage System to process your reimbursement.

Conference attendee MUST fill out **all** the sections highlighted in yellow when applicable. Administrator and or conference coordinator will fill out the sections highlighted in tan.

MILEAGE:

- Conference attendee MUST submit at least 2 or more maps (Google Maps/Map Quest):
 - Map #1 should indicate your **full name**, **departure date**, and most efficient route of **drive time miles** from the departure location (the site you work at or home address **whichever is closest to the conference location**) to the location of your conference.
 - Map #2 should indicate your **full name**, **return date**, and most efficient route of **drive time miles** from the location of your conference to the return location (the site you work at or home address **whichever is closest to the conference location**).
 - In the event that the lodging location is different from the conference location: include submission of additional maps to indicate to and from most efficient route of **drive time miles**.

LODGING:

- Lodging is generally coordinated and paid for by the district prior to the attendee's arrival to the conference.
- In the event that the conference attendee does pay for lodging, conference attendee MUST submit **itemized receipt** for expenses incurred.

MEAL ALLOWANCE:

- Meal allowance is approved for up to, but not to exceed \$50 per day.
- Meal allowance is approved **only for conference attendee**.
- Conference attendee MUST submit **itemized receipt(s)**
 - Itemized receipt(s) cannot include items that are alcohol and or tobacco products; entire receipt will be excluded from reimbursement if said items are included.
 - Itemized receipt(s) that are submitted for **meal purchased at the time which conference has provided a meal**; entire receipt will be excluded from reimbursement if said items are included.
 - Itemized receipt(s) cannot include tip; if tip is included, tip amount will be deducted from total of reimbursement.
 - Itemized receipt(s) should document **only one meal per receipt**.

OTHER EXPENSES:

- In the event that the conference attendee pays for other expenses, conference attendee MUST submit **itemized receipt** and an **explanation** for expenses incurred.

ADDITIONAL RATE FOR NON-CONTRACTED DAYS

- In the event that the conference attendee attends a conference outside of their contracted days, attendee MUST **indicate how many days were worked outside of their contracted days** along with submission of a signed and completed **time sheet**.

SUBSTITUTE TEACHER \$225 OR \$250

- Conference attendee that is a substitute teacher MUST indicate total number of days worked and cost per day: **225 (daily-sub rate)**, or **250 (long-term sub rate)** along with submission of a signed and completed **time sheet**.

PLEASE BE ADVISED, REIMBURSEMENT PAYMENT WILL NOT BE DISBURSED FOR UP TO 4 WEEKS; REIMBURSEMENTS TAKE SEVERAL WEEKS TO PROCESS DUE TO MULTIPLE CYCLES OF APPROVALS.