

CHINO VALLEY UNIFIED SCHOOL DISTRICT
ASB/USB Conference Application

Employee Name:	Today's Date:
Mailing Address:	School:
Name of Conference:	Conference Date(s):
Conference Vendor:	Conference Location:
Reason to Attend:	
<input type="checkbox"/> Check here if substitute is needed. List Date(s): _____ <div style="text-align: center;">List Budget # for the Sub: _____</div> <input type="checkbox"/> Check here if Employee is to be reimbursed for expenses <u>after</u> the conference.	
Expenses will be charged to: ASB/USB _____	
Club Account Name	
ASB/USB funds <u>CANNOT</u> be used for Continuing Education Units (CEUs), donations, sponsorships or golf.	
EXPENSE TYPE	Estimated Maximum Cost
NOTES	
Registration Fee <i>(Attach complete registration packet)</i>	
Meals \$60 Max/Day (If NOT included as part of the conf.) <i>(\$15/Breakfast; \$20/Lunch; \$25/Dinner)</i>	
Lodging Date(s): _____ <i>(Attach hotel rate confirmation)</i>	
Transportation Airfare, Trainfare, Shuttle, Car, Rental, Parking	
Mileage: _____ Miles x \$0.670 , IRS Rates as of 1/1/23 (Please include map from site to event)	
Other Itemized	
TOTAL:	\$
<u>** All reimbursement requests must be accompanied with original itemized invoices/receipts**</u>	
Conference Application Check List: <input type="checkbox"/> Complete Conference Brochure/Registration Form <input type="checkbox"/> Map of Mileage <input type="checkbox"/> Original Itemized Invoices/Receipts (After Conference)	
<u>**All approval signatures required prior to submittal to Business Services**</u>	
Signature of Applicant	Date
Signature of Principal	Date
Signature of CIIS Superintendent or Asst. Supt.	Date
Signature of Activities Director/Coordinator	Date
Signature of Business Services Dept.	Date