

**CHINO VALLEY UNIFIED SCHOOL DISTRICT**  
Conference Application/Expense Reimbursement Form

Employee Name:		Today's Date:	
Employee Mailing Address:		School/Dept.:	
Name of Conference:		Conference Date(s):	
Conference Vendor:		Conference Location:	
Reasons to Attend:			
<input type="checkbox"/>	Check if substitute required (list dates):		<b>Business Department Use Only</b>
Budget # for the <u>Substitute</u> :			Account# Correct:
Check here if employee is to be reimbursed for expenses <u>after the conference</u> .			Budget Amount:
Budget # for expenses:			Initials:
			Date:

		Business Department Use Only		Employee to Complete After Conference	
Expense Type	Estimated Maximum Cost	Amount Prepaid by District	RC#/TC# CREDIT CARD	Actual Cost	Amount Paid by Employee
<b>Registration</b> *Attach conference registration packet/warrant request if req.					
<b>Meals</b> (\$15/breakfast; \$20/lunch; \$25/dinner; \$60 max/day, <b>if NOT included as part of conference</b> ) (Dates: _____)					
<b>Lodging</b> (Dates: _____) *Attach confirmation of rate from hotel/warrant request if req.					
<b>Transportation:</b> Airfare, trainfare					
Car rental, shuttle, parking					
<b>Mileage</b> ( _____ Miles x <b>\$0.67</b> IRS Rate as of (1.1.24) <b>Please include map from site to event.</b>					
<b>Other</b> (Itemize)					
<b>Cash Advance</b> (if applicable)					
<b>TOTAL</b>					
Note: All reimbursement requests must be accompanied with itemized invoices/receipts to the Business Services Department.				<b>Total Due Employee/ (District)</b>	

- Conference Application Checklist:**
- ☐ Conference Brochure/Registration Form
  - ☐ Warrant Requests for Payments (attach copies of backup to each warrant request)
  - ☐ Itemized Receipts and Invoices
  - ☐ Map for Mileage

**All approval signatures required prior to submittal to Business Services:**

_____ Signature of Employee	_____ Date	_____ Signature of Program/Fund Administrator	_____ Date
_____ Signature, Principal or Department Director	_____ Date	_____ Signature of Business Services Department	_____ Date
_____ Signature of Superintendent or Asst. Supt.	_____ Date		