

Employee Name _____

Position _____ School Site _____

Meeting/Conference Title _____ Location _____

Date(s) of Meeting/Conference _____

Briefly explain how this event is aligned to District Goal / LCAP, and how this will advance your individual and/or team professionalism? (Attach separate sheet if needed)

DETAIL ALL ESTIMATED COST(S) INCLUDING THOSE PREPAID BY THE DISTRICT

Item	Estimated Cost
Meals not included in conference registration	
Lodging	
Scheduled air, bus, or rail	
Terminal parking, Tolls (bridge or ferry), Shuttle, Cabs, etc.	
Registration fee	
Private Car Mileage	
Substitute	
Total Estimated Cost	

Employee signature _____ Date _____

PRINCIPAL / SUPERVISOR APPROVAL

Is this conference budgeted? Yes () No () Program Name: _____

Conference Budget Code: _____

Principal/Supervisor Signature _____ Date _____