

# Sausalito Marin City School District

## Conference Attendance Request or Staff Development Activity

Name: \_\_\_\_\_ Dept. / School \_\_\_\_\_ Date of Request \_\_\_\_\_

Other Conference Attendees: \_\_\_\_\_

Conference / Workshop: \_\_\_\_\_ Conference Date(s) \_\_\_\_\_ To: \_\_\_\_\_

Purpose of Activity: \_\_\_\_\_ Location: \_\_\_\_\_

Plan for sharing/implementing \_\_\_\_\_

**DIRECTIONS:** This completed form and all required documents must be received by the Business Office no later than 10 business days prior to registration deadline. Actual expenditures must be submitted within 2 weeks after conference through the use of the Actual Expense Reimbursement portion of this form. Original receipts must be submitted for all expenses.

**\*\*SITE TO MAKE ALL NECESSARY RESERVATIONS\*\***

Allowable Expenses	Anticipated Expenses	Actual Expenses* (return after completion of conference/workshop)
Lodging (up to \$113/day individual-\$226/double occupancy)		
Breakfast (up to \$10/day)		
Lunch (up to \$15/day)		
Dinner (up to \$20/day)		
<b>Transportation</b>		
Mileage (IRS rate) .55cents /mi		
Bridge Tolls		
Air Fare		
Parking		
Other (specify) _____		
Registration Fee		
<b>TOTAL ANTICIPATED/ACTUAL</b>		

*Use to calculate Mileage.* Mileage Rate: \_\_\_\_\_ X Quantity of Miles: \_\_\_\_\_

Budget Code for Allowable Expenses \_\_\_\_\_

Substitute Required  Yes  No How Many Days: \_\_\_\_\_ Name of Substitute Requested: \_\_\_\_\_

Budget Code for Substitute: \_\_\_\_\_

Principal \_\_\_\_\_

Date \_\_\_\_\_

Business Manager \_\_\_\_\_

Date \_\_\_\_\_

Superintendent \_\_\_\_\_

Date \_\_\_\_\_

<b>For District Office Use Only</b>
Received: _____
Processed: _____