

HESPERIA UNIFIED SCHOOL DISTRICT
Conference Request Summary Form

Note: Conference attendee to complete all white areas.
Gray areas are to be completed by office personnel.

SITE: _____

A. CONFERENCE INFORMATION		
CONF TITLE: _____		
CONF DATE(S): _____		
CONF LOCATION: _____		
ATTENDEE (PRINT NAME): _____		
PURPOSE (LINKED TO INCREASED STUDENT ACHIEVEMENT): _____		
ATTENDEE SIGNATURE: _____		
PROCESSED BY: _____ SITE _____ DISTRICT OFFICE _____		
CALCARD	CARDHOLDER'S NAME:	_____
REQUISITION	NUMBER:	_____

D. LODGING INFORMATION		
LODGING REQUIRED:	NO	YES
LODGING LOCATION:	_____	
DATE OF ARRIVAL:	_____	
DATE OF DEPARTURE:	_____	
SHARE ROOM WITH:	_____	
PROCESSED BY: _____ SITE _____ DISTRICT OFFICE _____		
RESERVATION CONFIRMATION NUMBER: _____		
CALCARD	CARDHOLDER'S NAME:	_____
REQUISITION	NUMBER:	_____

B. TRANSPORTATION INFORMATION		
PERSONAL CAR (.55/PER MILE):	YES	NO
DISTRICT CAR (.65/PER MILE):	YES	NO
IF YES, DATE(S) NEEDED:	_____	
TIME OF VEHICLE PICKUP:	_____	
TIME OF VEHICLE RETURN:	_____	
AIR TRAVEL (MIN ESTIMATE \$200/ROUNDTrip):	YES	NO
DEPARTURE DATE/TIME:	____/____/____	TIME: _____ A.M. / P.M.
RETURN DATE/TIME:	____/____/____	TIME: _____ A.M. / P.M.
PROCESSED BY: _____ SITE _____ DISTRICT OFFICE _____		
CALCARD	CARDHOLDER'S NAME:	_____

E. FUNDING INFORMATION (ESTIMATE ONLY)					
SUB ACCT TO BE CHARGED:	01-	-0-	-	-1140-	-
CONF EXP ACCT TO BE CHARGED:	01-	-0-	-	-5200-	-
COST OF REGISTRATION:					\$ _____
LODGING (ADD 15% TAX):					\$ _____
ESTIMATED MEAL EXPENSE (IF SSC APPROVED):					\$ _____
TRANSPORTATION:					\$ _____
SUBSTITUTE (IF YES, ADD \$120/PER DAY):					\$ _____
TOTAL ESTIMATED EXPENSES					\$ _____

C. SUBSTITUTE INFORMATION		
IS A SUBSTITUTE NEEDED?	YES	NO
IF YES, GIVE DATE(S)	____/____/____	THRU ____/____/____
ON THE BLACKOUT CALENDAR?	YES	NO
HAS SUB-LINE BEEN NOTIFIED? (RESPONSIBILITY OF ATTENDEE)	YES	NO
JOB NUMBER:	_____	

F. APPROVALS (TO BE INITIALED)		
PRINCIPAL: _____	DATE APPR'VD ____/____/____	DATE REC'VD _____
CAT PRGRMS: _____	DATE APPR'VD ____/____/____	DATE REC'VD _____
SPEC SRVCS: _____	DATE APPR'VD ____/____/____	DATE REC'VD _____
ED SRVCS: _____	DATE APPR'VD ____/____/____	DATE REC'VD _____
BUS SRVCS: _____	DATE APPR'VD ____/____/____	DATE REC'VD _____
ADMN SRVCS: _____	DATE APPR'VD ____/____/____	DATE REC'VD _____

HESPERIA UNIFIED SCHOOL DISTRICT

Guidelines for Conference and Travel Expenses Reimbursement

Only allowable expenses will be reimbursed to the conference participant if original receipts are submitted with the Reimbursement Request for Conference and Travel Expenses form.

ALLOWABLE	NOT ALLOWABLE
Meals (maximum daily meal allowance shall be \$60; and no single meal over \$35) with Itemized Receipts	Liquor
Travel** (air or other)	Personal Telephone Calls
Airfare Up-Grades (must be paid for by employee)	Snacks (which are not meals)
HUSD Business Telephone Calls	Video Rentals
Reimbursement Allowed for Telephone, Fax, Computer Time and Each Additional Cost Over \$5	Meals will not be reimbursed before travel begins or after employee returns from conference or meeting.
Reimbursement Allowed for Reasonable Costs of Meal Service and Valet Service	
Other Incidental Minor Costs May be Approved for Reimbursement	
Registration Fee if Not Paid in Advance by District**	Meals taken in travel to/from an airport to home are not allowed.
Taxi, Bus or Other Shuttle (for conference needs)	
Car Rental**	
Lodging**	

** With Prior Approval

- ⊕ If you are unable to attend a conference, please find a replacement or notify your site secretary so that she can make every attempt to cancel your reservation to obtain a refund. You must also notify your principal or supervisor.
- ⊕ If you become ill at the last minute and lodging has been reserved for you, you must contact your site secretary immediately so that she can cancel the lodging reservation (otherwise, the participant will be charged for the first night).
- If travel requires the purchase of airline tickets, the participant must use them; otherwise, the participant will be responsible for the cost of the tickets.

TO MISREPRESENT ACTUAL EXPENSES OR OTHER INFORMATION ON A RECEIPT IS ILLEGAL.

Any questions, please contact:

Cathy Gomez
 Administrative Services
 (760) 244-4411, Extension 7201