CONFERENCE FORM

NAME:			DATE OF CONFERENCE:			
CONFERENCE TITLE:			LOCATION:			
OTHER ATTENDEES:						
BUDGET CODE:					_	
BUDGET CODE:						
REGISTRATION			AIRFARE			
Company Name:			Company Name:			
Did you register?	YES		Did you book flight?	YES		
Does company take a PO?	YES	NO	Employee Credit Card?	YES		
(If YES- attach PO requsition)			District Credit Card?	YES	NO	
			(Attach Flight Information and Price)			
Req # PO #			1			
(If NO, how will it be paid?)			Estimate Cost:			
Employee Paid?	YES		1			
District Credit Card?	YES	NO	Actual Cost:			
(Attach Registration Form)			LODGING			
			Company Name:	 1		
Estimate Cost:			Did you book hotel?	YES		
		İ	Does company take a PO?	YES	NO	
Actual Cost:			(If YES- attach PO requsition)			
CAR RENTAL/TAXI/SHUTTLE						
Company Name:			Req # PO #			
Did you reserve a car?	YES		(If NO, how will it be paid?)	• 1		
Employee Paid?	-	NO	Employee Paid?	YES		
District Credit Card?	YES	NO	District Credit Card?	YES	NO	
(Attach Car Rental Information/price)			(Attach hotel reservation information/price)			
Estimate Cost:			Estimate Cost:			
Actual Cost:			Actual Cost:			
PARKING			OTHER EXPENSES			
(Attach original receipts after conference)			(Attach original receipts after conference)			
Estimate Parking Cost:			Estimate Cost:			
Actual Parking Cost:	Actual Parking Cost:					
MEALS						
(If not included in conference)			Actual Cost:			
BREAKFAST: X \$10.00 =			MILES			
LUNCH: X \$10.00 =			(Attach FROM/TO information)			
DINNER: X \$20.00 =			ESTIMATE: X \$.535 =			
TOTAL MEAL COST:			ACTUAL: X \$.535 =			
ESTIMATE TOTAL CONFERENCE COST:			DISTRICT USE ONLY			
			VENDOR #			
SIGNATURES & DATE			PAID/DATE:			
Employee: Date:			PAID/DATE:			
Principal: Date:			ACTUAL TOTAL CONFERENCE COST:			
Superintendent: Date:						