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	NO	Did you book flight?	YES	NO	
Does company take a PO?	YES	NO	Employee Credit Card?	YES	NO	
(If YES- attach PO requsition & supporting documents)			District Credit Card?	YES	NO	
Vendor #			(Attach Flight Information and Price)			
Req # PO #						
(If NO, how will it be paid?)			Estimate Cost:			
Employee Paid?	YES					
District Credit Card?	YES	NO	Actual Cost:			
(Attach Registration Form)			LODGING			
			Company Name:		.	
Estimate Cost:			Did you book hotel?	YES		
			Does company take a PO?	YES	NO	
Actual Cost:		If YES- attach PO requsition-ROOM+TAX)				
CAR RENTAL/TAXI/SHUTTLE						
Company Name:			Req # PO #			
Did you reserve a car?	YES		(If NO, how will it be paid?)	Lune .		
Employee Paid?	-	NO	Employee Paid?	_	NO	
District Credit Card? YES NO		Mail check in advance? (ATTACH PO REQ)	YES	NO		
(Attach Car Rental Information/price)			(Attach hotel reservation information/price)			
Estimate Cost:			Estimate Cost:			
Actual Cost:			Actual Cost:			
PARKING/TOLLS			OTHER EXPENSES			
(Attach original receipts after conference)			(Attach original receipts after conference)			
Estimate Parking Cost:						
Actual Parking Cost:			Estimate Cost:			
MEALS-Not Included in Conference						
(Fill in estimate #'s before and actual #'s after)			Actual Cost:			
BREAKFAST: X \$11.00 =			MILES			
LUNCH: X \$12.00 =			(Attach FROM/TO information)			
DINNER: X \$23.00 =			ESTIMATE: X \$.585 =			
TOTAL MEAL COST:			ACTUAL: X \$.585 =			
ESTIMATE TOTAL CONFERENCE COST:			DISTRICT USE ONLY			
			EMPLOYEE ID #			
SIGNATURES & DATE			PAID/DATE:			
Employee: Date:			PAID/DATE:			
Principal: Date:			ACTUAL TOTAL CONFERENCE COST:			
Superintendent: Date:						