Employee Name:						
Conference Information	on					
Name of Conference:						
Location:						
Account Code:						
*Account	code used	on Approv	ed Confere	nce Reque	est Form	
Approved Personal Ve	hicle Mile	age (Please	attach copy	of Google	Maps/Map	Quest)
Total Round Trip Miles:			@		= Total	
				(ex: .655)		
Per Diem Meal(s) (Ple	ase attach (copy of GSA	meal per di	<u> </u>		
Per diem meal amo gsa. gov. If substa	ntial meal		led with pa			-
		Start/End Travel		Lunch	Dinner	Daily Total
						10(0)
Please review Per						
Diem Rate Request						
Form instructions to						
assist in determining						
which meals you can						
request.						
					Total	
_					iotai	
Total Request Am	nount					
- I certify that these ar Unified School District compliance with the p - I understand that thi that all travel must be reimbursed for any tra - For travel advances of canceled, I must retur personal mileage. Retu postponment.	c (RSUSD). per diem ar s travel ad preapprov avel I condi only: I unde n the amo	I have read and all travel wance is for yed by RSU! uct on behaderstand thaunt advance	and under policies. the activition of RSUSI tif the coned to me for the policies.	y listed ab to be adv D. fernce is p	will be in ove. I unde anced or ostponed ouested mea	erstand
Employee Signature:					Date	
I authorize the employ requested.	ee above	for travel a	dvancemei	nt for the a	amount	

Date

Administrator Approval