## MOUNT SHASTA UNION SCHOOL DISTRICT TEACHER CONFERENCE REQUEST

## Submit to first Conference Committee member listed on page 2

Na	me:		
Со	nference:		
Su	bject Area: Locati	on:	
De	parture Day:	Time:	
Return Day:Tin		_ Time:	
	te(s) you will need a substitute: (Maximum of two paid t ease attach a copy of the registration material to this re		oudget)
1.	Registration fee – unrestricted expense (original receip What meals are included in registration?  Remember not to claim reimbursement for those meals Meal: Date:	S.	\$
2.	Meals – restricted expense (no receipts required) Full day @ \$45  Meal breakdown for partial day Breakfast @ \$10 Lunch @ \$15	\$ \$ \$	
	Dinner @ \$20  Total Meals	\$	\$
3.	Transportation – unrestricted expense  a. Auto mileage at current IRS standard mileage rate (\$0.54 on 1/1/2016): miles per attached map (Google, Yahoo, Mapquest)  Who was the driver? Does this expense need to be shared? Each person needs to claim a portion of the driving expense. Your portion of the driving expense:  b. Air (original receipt required)  c. Tolls/Parking (original receipt required)  d. Taxi/Bus (original receipt required)	\$ \$ \$ \$ \$	
	Total Transportation		\$
4.	Lodging – unrestricted expense (original receipt require	ed)	\$
5.	TOTAL – (may not exceed \$1,200)		\$
Sic	gnature:	Date:	

Remember, before you go call for a sub and submit the paperwork. When you return submit a completed Conference Expense Report with a copy of your approved Teacher Conference Request form to the District Office.

Examples of receipts required:

Conference registration
Customer copy of credit card receipt
Cash register receipt
Canceled check
Credit card statement
Invoice marked paid

Approved by Committee:	Disapproved:	
Committee Comments:		
Conference Committee Signatures:		
Bob Causey (3-5)		 date
Cheryl Keiner (President)		 date
Stacey Laub (6-8)		date
Cuparintandant		date
Superintendent		date