

Delhi Unified School District

Conference Request and Report Form

Section I: Conference Request (PRIOR TO CONFERENCE)

Applicant: Complete Section I. Submit to your supervisor with Registration Form/Transportation estimates at least 20 working days prior to registration deadline.

Supervisor: Forward to Curriculum and Instruction at least 15 working days prior to registration deadline for Cabinet approval, and conference registration. After processing, original will be sent to applicant with copy to supervisor.

Name: _____ Site: _____ Date: _____

Conference/Activity: _____ Organization / Sponsor: _____

Location: _____ Reason for Attendance: _____

_____ Funding Source: _____

Departure Date: _____ Return Date: _____

Projected Cost:

Registration Fee (attach form)	\$ _____
* Transportation (include mileage map) at current IRS rate:	
** _____ miles @ 65.5 cents per mile (1/1/23)	\$ _____
Lodging (receipt required)	\$ _____
Meals (from Cost Worksheet)	\$ _____
Other (from Cost Worksheet)	\$ _____
TOTAL PROJECTED COST	\$ _____

* Other forms of transportation must be approved the Superintendent or designee.

**Reimbursable mileage is the lesser of "Delhi to Destination" or "Home to Destination."

REQUESTOR SIGNATURE: _____ CABINET APPROVAL: _____

Date _____ Date _____

SUPERVISOR APPROVAL: _____ Verification of Funds: _____

Date _____ Date _____

SECTION II: Travel Report and Expense Voucher (To be completed AFTER the Conference)

After attending the conference, complete Section II and ATTACH YOUR RECEIPTS. Itemize "Other" expenses on the worksheet on reverse if needed. Sign the form and submit to your supervisor for signature. Forward to Accounts Payable (Annex) for reimbursement processing.

Actual Expense: *****RECEIPT REQUIRED**

Registration Fee	\$ _____
Transportation (include mileage map):	
_____ miles @ 65.5 cents per mile (1/1/23)	\$ _____
Other Transportation Type _____	\$ _____
Lodging	\$ _____
Meals (For Standard Allowance complete/attach Cost Worksheet, otherwise attached receipts)	\$ _____
Other (complete/attach Cost Worksheet with receipts)	\$ _____
TOTAL EXPENSES DUE EMPLOYEE	\$ _____

I hereby certify the following expenses are the actual and necessary costs incurred in the performance of my duties at the above approved conference/activity.

Participant's signature (after conference) _____ Date _____

Approved by Supervisor _____ Date _____

check here to send reimbursement to school site

Home Mailing Address _____

City/State/Zip _____