



CONEJO VALLEY UNIFIED SCHOOL DISTRICT

CONFERENCE or TRAVEL REIMBURSEMENT REQUEST

NAME _____ LOCATION and/or POSITION _____

Requests for reimbursements hereby made for travel, with expenses paid by the Conejo Valley Unified School District, for attendance at the following conference.

NAME OF ORGANIZATION _____ PLACE _____

PURPOSE OF MEETING _____ DATES _____

DATE OF THIS REQUEST _____ METHOD OF TRAVEL _____

ADDITIONAL COMMENTS _____

ITINERARY

DATE	TIME	(LEAVE) CITY	DATE	TIME	(ARRIVE) CITY

CLAIM

RECEIPTS REQUIRED ON ALL EXPENDITURES EXCEPT MILEAGE

ITEMS	DATE (s)						ITEM TOTALS
BREAKFAST - not to exceed \$14.95							
LUNCH - not to exceed \$20.13							
DINNER - not to exceed \$28.18							
TAXICAB, AIRPORT, LIMOUSINE, ETC.							
HOTEL, MOTEL, ETC.							
CONVENTION REGISTRATION FEES							
TRANSPORTATION – AIRPLANE, TRAIN, ETC.*							
MISCELLANEOUS							
	DAILY TOTALS						
	TOTAL MILES		RATE		MILES		
	TOTAL CLAIM						

SIGNATURE _____ *

REQUESTER

SIGNATURE _____ *

SITE OR DEPT. MANAGER

APPROVED _____

DIRECTOR OF FISCAL SERVICES

ACCOUNT NO. _____

(FND-OBJT-RSRC-Y-GOAL-FUNC-LOC-MGT-OPTL-B)

*PLEASE ENSURE BOTH REQUIRED SIGNATURE FIELDS HAVE BEEN DIGITALLY COMPLETED BY THE REQUESTER AND APPROVER.