



# PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT WORKSHOP/TRAINING CLAIM FORM

(Must be submitted 15 working days prior to registration deadline)

A. NAME: Lainey Callahan DATE OF REQUEST: 1/28/2021  
ADDRESS: \_\_\_\_\_ REGISTRATION DEADLINE: 2/12/2021  
CITY, STATE ZIP: \_\_\_\_\_ POSITION/SITE: Student/PRHS

B. WORKSHOP DATE(S): 7/17 - 7/25/2021 LOCATION: UCLA  
WORKSHOP NAME: National Youth Leadership Forum: Medicine, by Envision  
WORKSHOP REGISTRATION FORM MUST BE COMPLETED & ATTACHED TO THIS FORM

- C. 1. For substitute coverage, attach Substitute Request (Form #147).  
2. For district transport, attach Transportation Request (Form #106).  
3. Advance allowed only if estimated cost of lodging & commercial transportation exceeds \$50.00.  
4. If you are issued an advance and Section E is not completed after attending the workshop, the advance will be deducted from your paycheck.

## D. COMPLETE THIS SECTION PRIOR TO WORKSHOP.

	YES	NO		ESTIMATED COSTS
SUBSTITUTE REQUIRED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	REGISTRATION	\$ 3,695.00
DISTRICT TRANSPORTATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LODGING	\$
PERSONAL MILEAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MEALS	\$
ADVANCE REQUESTED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MILEAGE: _____ miles @ 0.575	\$ 0.00
			OTHER:	\$

CHARGE	Fund	Resource	Yr	Obj	Goal	Func	Site	Disc1	Disc2	TOTAL
5% SWP TO	01	9388	0	5222	6000	2700	031	000	000	3,695.00
5% CTEIG	01	6387	0	5222	1812	1000	050	9634	6112	

SUPERVISOR/PRINCIPAL: [Signature] BUDGET MANAGER: [Signature] CHIEF OFFICER: [Signature]

## E. COMPLETE THIS SECTION AFTER WORKSHOP.

ITEMIZED RECEIPTS MUST BE ATTACHED.

DEPARTURE DATE: _____	REGISTRATION	\$ _____
TIME: _____	LODGING	\$ _____
RETURN DATE: _____	TOTAL MEALS (Itemize below)	\$ _____
TIME: _____	MILEAGE ACTUAL: _____ miles @ 0.575	\$ _____
	TOTAL OTHER (Itemize below)	\$ _____

CLAIM CERTIFICATION:

LESS ADVANCE CHECK: \$ \_\_\_\_\_

LESS AMT. PAID BY DISTRICT CREDIT CARD: \$ \_\_\_\_\_

AMOUNT DUE/OWED: \$ \_\_\_\_\_

(YOUR SIGNATURE) \_\_\_\_\_

(BUDGET MANAGER) \_\_\_\_\_

(If owed, attach check)

TOTAL \$ \_\_\_\_\_

CHECK # \_\_\_\_\_

## ITEMIZED MEAL DATA:

DATE	BREAKFAST \$10	LUNCH \$15	DINNER \$25	TOTAL

TOTAL MEALS (Enter in claim above)

ALCOHOLIC BEVERAGES ARE NOT REIMBURSED.

## OTHER CHARGES (Parking, Public Transport, etc.)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

TOTAL OTHER (Enter above): \$ \_\_\_\_\_

(CLAIM APPROVAL - CHIEF BUSINESS OFFICER)



# PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT WORKSHOP/TRAINING CLAIM FORM

(Must be submitted 15 working days prior to registration deadline)

A. NAME: Lexi Keller DATE OF REQUEST: 1/28/2021  
 ADDRESS \_\_\_\_\_ REGISTRATION DEADLINE: 2/12/2021  
 CITY, STATE ZIP: \_\_\_\_\_ POSITION/SITE: Student/PRHS

B. WORKSHOP DATE(S): 7/17 - 7/25/2021 LOCATION: UCLA  
 WORKSHOP NAME: National Youth Leadership Forum: Medicine, by Envision  
 WORKSHOP REGISTRATION FORM MUST BE COMPLETED & ATTACHED TO THIS FORM

- C. 1. For substitute coverage, attach Substitute Request (Form #147).  
 2. For district transport, attach Transportation Request (Form #106).  
 3. Advance allowed only if estimated cost of lodging & commercial transportation exceeds \$50.00.  
 4. If you are issued an advance and Section E is not completed after attending the workshop, the advance will be deducted from your paycheck.

## D. COMPLETE THIS SECTION PRIOR TO WORKSHOP.

	YES	NO		ESTIMATED COSTS
SUBSTITUTE REQUIRED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	REGISTRATION	\$ 3,695.00
DISTRICT TRANSPORTATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LODGING	\$
PERSONAL MILEAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MEALS	\$
ADVANCE REQUESTED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MILEAGE: _____ miles @ 0.575	\$ 0.00
			OTHER:	\$

CHARGE TO	Fund	Resource	Yr	Obj	Goal	Func	Site	Disc1	Disc2
	01	9388	0	5222	0000	2700	031	0020	0000
	01	9635	0	5222	3812	1000	040	9634	6112

TOTAL \$ 3,695.00

APPROVALS

SUPERVISOR/PRINCIPAL: \_\_\_\_\_ BUDGET MANAGER: \_\_\_\_\_ CHIEF OFFICER: \_\_\_\_\_

## E. COMPLETE THIS SECTION AFTER WORKSHOP.

ITEMIZED RECEIPTS MUST BE ATTACHED.

DEPARTURE DATE: _____	REGISTRATION	\$ _____
TIME: _____	LODGING	\$ _____
RETURN DATE: _____	TOTAL MEALS (Itemize below)	\$ _____
TIME: _____	MILEAGE ACTUAL: _____ miles @ 0.575	\$ _____
	TOTAL OTHER (Itemize below)	\$ _____

CLAIM CERTIFICATION: \_\_\_\_\_  
 (YOUR SIGNATURE)  
 \_\_\_\_\_  
 (BUDGET MANAGER)

LESS ADVANCE CHECK: \$ \_\_\_\_\_  
 LESS AMT. PAID BY DISTRICT CREDIT CARD: \$ \_\_\_\_\_  
 AMOUNT DUE/OWED: \$ \_\_\_\_\_  
 (If owed, attach check)

TOTAL \$ \_\_\_\_\_  
 CHECK # \_\_\_\_\_

## ITEMIZED MEAL DATA:

DATE	BREAKFAST \$10	LUNCH \$15	DINNER \$25	TOTAL

TOTAL MEALS (Enter in claim above)  
 ALCOHOLIC BEVERAGES ARE NOT REIMBURSED.

## OTHER CHARGES (Parking, Public Transport, etc.)

\_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 TOTAL OTHER (Enter above): \$ \_\_\_\_\_

(CLAIM APPROVAL - CHIEF BUSINESS OFFICER)

## 2021 NYLF: Medicine Scholarship Commitment Intent

Student Name: Lexi Keller

NYLF Student ID Number: [REDACTED]

In accepting this opportunity you and your families are committing to attending a California-based NYLF conference as a leader in the Health Science Pathway. The location remaining open for this summer is at the University of California, Los Angeles (UCLA) on the following dates:

- June 20-28
- July 3-11
- July 17-25

Your signatures on this document confirm that you have discussed the feasibility of this 9 day learning work-based forum, and that you can commit to this great opportunity. Additionally, you confirm that the district can complete the registration process according to the preferences you indicated below your signatures.

Student Signature: Lexi Keller

Date: 1/26/2021

Parent Name (printed): Ellen Keller

Parent Signature: [Signature]

Date: 1/26/2021

Please order your preference for the conferences available (1-3, if you cannot attend one please put N/A). We will attempt to accommodate your first choice. If that conference is sold out we will move to your next available selection.

2 June 20-28

3 July 3-11

1 July 17-25 — need this ~~last~~  
session because  
of conflict with  
college course.



# PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT WORKSHOP/TRAINING CLAIM FORM

(Must be submitted 15 working days prior to registration deadline)

A. NAME: Jadyn Lehr DATE OF REQUEST: 2/9/2021  
ADDRESS: \_\_\_\_\_ REGISTRATION DEADLINE: 2/12/2021  
CITY, STATE ZIP: \_\_\_\_\_ POSITION/SITE: Student/PRHS

B. WORKSHOP DATE(S): 7/17 - 7/25/2021 LOCATION: UCLA  
WORKSHOP NAME: National Youth Leadership Forum: Medicine, by Envision  
**WORKSHOP REGISTRATION FORM MUST BE COMPLETED & ATTACHED TO THIS FORM**

- C. 1. For substitute coverage, attach Substitute Request (Form #147).  
2. For district transport, attach Transportation Request (Form #106).  
3. Advance allowed only if estimated cost of lodging & commercial transportation exceeds \$50.00.  
4. If you are issued an advance and Section E is not completed after attending the workshop, the advance will be deducted from your paycheck.

## D. COMPLETE THIS SECTION PRIOR TO WORKSHOP.

	YES	NO		ESTIMATED COSTS
SUBSTITUTE REQUIRED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	REGISTRATION	\$ 3,695.00
DISTRICT TRANSPORTATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LODGING	\$
PERSONAL MILEAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MEALS	\$
ADVANCE REQUESTED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MILEAGE: _____ miles @ 0.575	\$ 0.00
			OTHER:	\$

CHARGE TO	Fund	Resource	Yr	Obj	Goal	Func	Site	Disc1	Disc2	TOTAL \$
	01	9388	0	5222	1000	2700	031	000000		3,695.00
	01	6387	0	5222	3812	1000	050	9634	6112	

SUPERVISOR/PRINCIPAL: \_\_\_\_\_ BUDGET MANAGER: \_\_\_\_\_ CHIEF OFFICER: \_\_\_\_\_

## E. COMPLETE THIS SECTION AFTER WORKSHOP.

ITEMIZED RECEIPTS MUST BE ATTACHED.

DEPARTURE DATE: _____	REGISTRATION	\$
TIME: _____	LODGING	\$
RETURN DATE: _____	TOTAL MEALS (Itemize below)	\$
TIME: _____	MILEAGE ACTUAL: _____ miles @ 0.575	\$
	TOTAL OTHER (Itemize below)	\$
CLAIM CERTIFICATION:		TOTAL \$
(YOUR SIGNATURE)	LESS ADVANCE CHECK:	\$
(BUDGET MANAGER)	LESS AMT. PAID BY DISTRICT CREDIT CARD:	\$
	AMOUNT DUE/OWED:	\$
	(If owed, attach check)	CHECK #

## ITEMIZED MEAL DATA:

DATE	BREAKFAST \$10	LUNCH \$15	DINNER \$25	TOTAL

TOTAL MEALS (Enter in claim above)  
ALCOHOLIC BEVERAGES ARE NOT REIMBURSED.

## OTHER CHARGES (Parking, Public Transport, etc.)

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
TOTAL OTHER (Enter above):	\$

(CLAIM APPROVAL - CHIEF BUSINESS OFFICER)



2021 NYLF: Medicine Scholarship Commitment Intent

Student Name: JADYN LEHR

NYLF Student ID Number: [REDACTED]

In accepting this opportunity you and your families are committing to attending a California-based NYLF conference as a leader in the Health Science Pathway. The location remaining open for this summer is at the University of California, Los Angeles (UCLA) on the following dates:

- June 20-28
- July 3-11
- July 17-25

Your signatures on this document confirm that you have discussed the feasibility of this 9 day learning work-based forum, and that you can commit to this great opportunity. Additionally, you **confirm that the district can complete the registration process according to the preferences you indicated below your signatures.**

Student Signature: Jadyn Lehr

Date: 4/28/2021

Parent Name (printed): JOSIYN LEHR

Parent Signature: Joselyn Lehr

Date: 4/28/2021

Please order your preference for the conferences available (1-3, if you cannot attend one please put N/A). We will attempt to accommodate your first choice. If that conference is sold out we will move to your next available selection.

3 June 20-28

2 July 3-11

1 July 17-25



# PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT WORKSHOP/TRAINING CLAIM FORM

(Must be submitted 15 working days prior to registration deadline)

A. NAME: Zoey Manninger DATE OF REQUEST: 1/28/2021  
ADDRESS: REGISTRATION DEADLINE: 2/12/2021  
CITY, STATE ZIP: POSITION/SITE: Student/PRHS

B. WORKSHOP DATE(S): 7/3 - 7/11/2021 LOCATION: UCLA  
WORKSHOP NAME: National Youth Leadership Forum: Medicine, by Envision  
WORKSHOP REGISTRATION FORM MUST BE COMPLETED & ATTACHED TO THIS FORM

- C. 1. For substitute coverage, attach Substitute Request (Form #147).  
2. For district transport, attach Transportation Request (Form #106).  
3. Advance allowed only if estimated cost of lodging & commercial transportation exceeds \$50.00.  
4. If you are issued an advance and Section E is not completed after attending the workshop, the advance will be deducted from your paycheck.

## D. COMPLETE THIS SECTION PRIOR TO WORKSHOP.

	YES	NO		ESTIMATED COSTS
SUBSTITUTE REQUIRED			REGISTRATION	\$ 3,595.00
DISTRICT TRANSPORTATION			LODGING	\$
PERSONAL MILEAGE			MEALS	\$
ADVANCE REQUESTED			MILEAGE: miles @ 0.575	\$ 0.00
			OTHER:	\$

CHARGE TO	Fund	Resource	Yr	Obj	Goal	Func	Site	Disc1	Disc2
	01	9388	0	5722	0000	2700	031	0000	0000

TOTAL \$ 3,595.00

SUPERVISOR/PRINCIPAL: APPROVALS: BUDGET MANAGER: CHIEF OFFICER:

## E. COMPLETE THIS SECTION AFTER WORKSHOP.

ITEMIZED RECEIPTS MUST BE ATTACHED.

DEPARTURE DATE:	REGISTRATION	\$
TIME:	LODGING	\$
RETURN DATE:	TOTAL MEALS (Itemize below)	\$
TIME:	MILEAGE ACTUAL: miles @ 0.575	\$
	TOTAL OTHER (Itemize below)	\$

CLAIM CERTIFICATION:

(YOUR SIGNATURE)

(BUDGET MANAGER)

LESS ADVANCE CHECK:

LESS AMT. PAID BY DISTRICT CREDIT CARD:

AMOUNT DUE/OWED:

(If owed, attach check)

TOTAL \$

CHECK #

## ITEMIZED MEAL DATA:

DATE	BREAKFAST \$10	LUNCH \$15	DINNER \$25	TOTAL

TOTAL MEALS (Enter in claim above)  
ALCOHOLIC BEVERAGES ARE NOT REIMBURSED.

## OTHER CHARGES (Parking, Public Transport, etc.)

\$

\$

\$

\$

\$

TOTAL OTHER (Enter above): \$

(CLAIM APPROVAL -- CHIEF BUSINESS OFFICER)

2021 NYLF: Medicine Scholarship Commitment Intent

Student Name: Zoey Manninger

NYLF Student ID Number:                     

In accepting this opportunity you and your families are committing to attending a California-based NYLF conference as a leader in the Health Science Pathway. The location remaining open for this summer is at the University of California, Los Angeles (UCLA) on the following dates:

- June 20-28
- July 3-11
- July 17-25

Your signatures on this document confirm that you have discussed the feasibility of this 9 day learning work-based forum, and that you can commit to this great opportunity. Additionally, **you confirm that the district can complete the registration process according to the preferences you indicated below your signatures.**

Student Signature: Zoey Manninger

Date: 1/26/21

Parent Name (printed): Jeannine Manninger

Parent Signature: J Manninger

Date: 1/26/21

Please order your preference for the conferences available (1-3, if you cannot attend one please put N/A). We will attempt to accommodate your first choice. If that conference is sold out we will move to your next available selection.

2 June 20-28

1 July 3-11

3 July 17-25



# PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT WORKSHOP/TRAINING CLAIM FORM

(Must be submitted 15 working days prior to registration deadline)

A. NAME: Lilijane Montoya DATE OF REQUEST: 1/28/2021  
 ADDRESS: \_\_\_\_\_ REGISTRATION DEADLINE: 2/12/2021  
 CITY, STATE ZIP: \_\_\_\_\_ POSITION/SITE: Student/PRHS

B. WORKSHOP DATE(S): 6/20 - 6/28/2021 LOCATION: UCLA  
 WORKSHOP NAME: National Youth Leadership Forum: Medicine, by Envision  
**WORKSHOP REGISTRATION FORM MUST BE COMPLETED & ATTACHED TO THIS FORM**

- C. 1. For substitute coverage, attach Substitute Request (Form #147).  
 2. For district transport, attach Transportation Request (Form #106).  
 3. Advance allowed only if estimated cost of lodging & commercial transportation exceeds \$50.00.  
 4. If you are issued an advance and Section E is not completed after attending the workshop, the advance will be deducted from your paycheck.

## D. COMPLETE THIS SECTION PRIOR TO WORKSHOP.

	YES	NO		ESTIMATED COSTS
SUBSTITUTE REQUIRED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	REGISTRATION	\$ 3,695.00
DISTRICT TRANSPORTATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LODGING	\$
PERSONAL MILEAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MEALS	\$
ADVANCE REQUESTED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MILEAGE: _____ miles @ 0.575	\$ 0.00
			OTHER: _____	\$

CHARGE TO	Fund	Resource	Yr	Obj	Goal	Func	Site	Disc1	Disc2
	01	9388	0	522	0000	2700	030	000	0000

TOTAL \$ 3,695.00

APPROVALS  
 SUPERVISOR/PRINCIPAL: \_\_\_\_\_ BUDGET MANAGER: \_\_\_\_\_ CHIEF OFFICER: \_\_\_\_\_

## E. COMPLETE THIS SECTION AFTER WORKSHOP.

ITEMIZED RECEIPTS MUST BE ATTACHED.

DEPARTURE DATE: _____	REGISTRATION	\$
TIME: _____	LODGING	\$
RETURN DATE: _____	TOTAL MEALS (Itemize below)	\$
TIME: _____	MILEAGE ACTUAL: _____ miles @ 0.575	\$
	TOTAL OTHER (Itemize below)	\$

CLAIM CERTIFICATION:

LESS ADVANCE CHECK:	\$
LESS AMT. PAID BY DISTRICT CREDIT CARD:	\$
<b>AMOUNT DUE/OWED:</b>	\$
(If owed, attach check)	CHECK # _____

## ITEMIZED MEAL DATA:

DATE	BREAKFAST \$10	LUNCH \$15	DINNER \$25	TOTAL

TOTAL MEALS (Enter in claim above)  
 ALCOHOLIC BEVERAGES ARE NOT REIMBURSED.

## OTHER CHARGES (Parking, Public Transport, etc.)

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

TOTAL OTHER (Enter above): \$

(CLAIM APPROVAL - CHIEF BUSINESS OFFICER)



2021 NYLF: Medicine Scholarship Commitment Intent

Student Name: Liliane Montoya

NYLF Student ID Number: \_

In accepting this opportunity you and your families are committing to attending a California-based NYLF conference as a leader in the Health Science Pathway. The location remaining open for this summer is at the University of California, Los Angeles (UCLA) on the following dates:

- June 20-28
- July 3-11
- July 17-25

Your signatures on this document confirm that you have discussed the feasibility of this 9 day learning work-based forum, and that you can commit to this great opportunity. Additionally, you confirm that the district can complete the registration process according to the preferences you indicated below your signatures.

Student Signature: Liliane Montoya

Date: 1-21-21

Parent Name (printed): Courteney Montoya

Parent Signature: Courteney Montoya

Date: 1-21-21

Please order your preference for the conferences available (1-3, if you cannot attend one please put N/A). We will attempt to accommodate your first choice. If that conference is sold out we will move to your next available selection.

1 June 20-28

2 July 3-11

3 July 17-25



# PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT WORKSHOP/TRAINING CLAIM FORM

(Must be submitted 15 working days prior to registration deadline)

A. NAME: Debra Rosas-Dominguez DATE OF REQUEST: 1-28-2021  
 ADDRESS: \_\_\_\_\_ REGISTRATION DEADLINE: 2/12/2021  
 CITY, STATE ZIP: \_\_\_\_\_ POSITION/SITE: Student/PRHS

B. WORKSHOP DATE(S): 7/3 - 7/11/2021 LOCATION: UCLA  
 WORKSHOP NAME: National Youth Leadership Forum: Medicine, by Envision  
**WORKSHOP REGISTRATION FORM MUST BE COMPLETED & ATTACHED TO THIS FORM**

- C. 1. For substitute coverage, attach Substitute Request (Form #147).  
 2. For district transport, attach Transportation Request (Form #106).  
 3. Advance allowed only if estimated cost of lodging & commercial transportation exceeds \$50.00.  
 4. If you are issued an advance and Section E is not completed after attending the workshop, the advance will be deducted from your paycheck.

## D. COMPLETE THIS SECTION PRIOR TO WORKSHOP.

	YES	NO		ESTIMATED COSTS
SUBSTITUTE REQUIRED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	REGISTRATION	\$ <u>3,595.00</u>
DISTRICT TRANSPORTATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LODGING	\$ _____
PERSONAL MILEAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MEALS	\$ _____
ADVANCE REQUESTED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MILEAGE: _____ miles @ <u>0.575</u>	\$ <u>0.00</u>
			OTHER: _____	\$ _____

CHARGE TO	Fund	Resource	Yr	Obj	Goal	Func	Site	Disc1	Disc2	TOTAL
	01	9388	0	5222	0220	2200	031	0220	0220	3,595.00
	01	6387	0	5222	5812	1000	031	2634	6112	

APPROVALS

SUPERVISOR/PRINCIPAL: [Signature] BUDGET MANAGER: [Signature] CHIEF OFFICER: [Signature]

## E. COMPLETE THIS SECTION AFTER WORKSHOP.

ITEMIZED RECEIPTS MUST BE ATTACHED.

DEPARTURE DATE: _____	REGISTRATION	\$ _____
TIME: _____	LODGING	\$ _____
RETURN DATE: _____	TOTAL MEALS (Itemize below)	\$ _____
TIME: _____	MILEAGE ACTUAL: _____ miles @ <u>0.575</u>	\$ _____
	TOTAL OTHER (Itemize below)	\$ _____

CLAIM CERTIFICATION:

(YOUR SIGNATURE) \_\_\_\_\_

(BUDGET MANAGER) \_\_\_\_\_

LESS ADVANCE CHECK: \$ \_\_\_\_\_

LESS AMT. PAID BY DISTRICT CREDIT CARD: \$ \_\_\_\_\_

**AMOUNT DUE/OWED:** \$ \_\_\_\_\_

(If owed, attach check)

CHECK # \_\_\_\_\_

## ITEMIZED MEAL DATA:

DATE	BREAKFAST \$10	LUNCH \$15	DINNER \$25	TOTAL

TOTAL MEALS (Enter in claim above)  
 ALCOHOLIC BEVERAGES ARE NOT REIMBURSED.

## OTHER CHARGES (Parking, Public Transport, etc.)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL OTHER (Enter above): \$ \_\_\_\_\_

(CLAIM APPROVAL – CHIEF BUSINESS OFFICER)

## 2021 NYLF: Medicine Scholarship Commitment Intent

Student Name: Debra Rosas-Dominguez

NYLF Student ID Number: [REDACTED]

In accepting this opportunity you and your families are committing to attending a California-based NYLF conference as a leader in the Health Science Pathway. The location remaining open for this summer is at the University of California, Los Angeles (UCLA) on the following dates:

- June 20-28
- July 3-11
- July 17-25

Your signatures on this document confirm that you have discussed the feasibility of this 9 day learning work-based forum, and that you can commit to this great opportunity. Additionally, you confirm that the district can complete the registration process according to the preferences you indicated below your signatures.

Student Signature: Debra Rosas

Date: 01/26/21

Parent Name (printed): Alejandra Dominguez

Parent Signature: [Signature]

Date: 01/26/21

Please order your preference for the conferences available (1-3, if you cannot attend one please put N/A). We will attempt to accommodate your first choice. If that conference is sold out we will move to your next available selection.

2 June 20-28

1 July 3-11

3 July 17-25



# PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT WORKSHOP/TRAINING CLAIM FORM

(Must be submitted 15 working days prior to registration deadline)

A. NAME: Isabella Swarthout DATE OF REQUEST: 1/28/2021  
ADDRESS: \_\_\_\_\_ REGISTRATION DEADLINE: 2/12/2021  
CITY, STATE ZIP: \_\_\_\_\_ POSITION/SITE: Student/PRHS

B. WORKSHOP DATE(S): 7/17 - 7/25/2021 LOCATION: UCLA  
WORKSHOP NAME: National Youth Leadership Forum: Medicine, by Envision  
WORKSHOP REGISTRATION FORM MUST BE COMPLETED & ATTACHED TO THIS FORM

- C. 1. For substitute coverage, attach Substitute Request (Form #147).  
2. For district transport, attach Transportation Request (Form #106).  
3. Advance allowed only if estimated cost of lodging & commercial transportation exceeds \$50.00.  
4. If you are issued an advance and Section E is not completed after attending the workshop, the advance will be deducted from your paycheck.

## D. COMPLETE THIS SECTION PRIOR TO WORKSHOP.

	YES	NO		ESTIMATED COSTS
SUBSTITUTE REQUIRED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	REGISTRATION	\$ 3,695.00
DISTRICT TRANSPORTATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LODGING	\$
PERSONAL MILEAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MEALS	\$
ADVANCE REQUESTED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MILEAGE: _____ miles @ 0.575	\$ 0.00
			OTHER:	\$

CHARGE TO	Fund	Resource	Yr	Obj	Goal	Func	Site	Disc1	Disc2	TOTAL
	01	9388	0	5222	0100	220	031	0520	0200	3,695.00
	01	6387	0	5222	3812	1500	050	9634	6112	

APPROVALS

SUPERVISOR/PRINCIPAL: \_\_\_\_\_ BUDGET MANAGER: \_\_\_\_\_ CHIEF OFFICER: \_\_\_\_\_

## E. COMPLETE THIS SECTION AFTER WORKSHOP.

ITEMIZED RECEIPTS MUST BE ATTACHED.

DEPARTURE DATE: _____	REGISTRATION	\$
TIME: _____	LODGING	\$
RETURN DATE: _____	TOTAL MEALS (Itemize below)	\$
TIME: _____	MILEAGE ACTUAL: _____ miles @ 0.575	\$
	TOTAL OTHER (Itemize below)	\$

CLAIM CERTIFICATION:

\_\_\_\_\_  
(YOUR SIGNATURE)

LESS ADVANCE CHECK: \$

LESS AMT. PAID BY DISTRICT CREDIT CARD: \$

AMOUNT DUE/OWED: \$

\_\_\_\_\_  
(BUDGET MANAGER)

(If owed, attach check)

CHECK # \_\_\_\_\_

## ITEMIZED MEAL DATA:

DATE	BREAKFAST \$10	LUNCH \$15	DINNER \$25	TOTAL

TOTAL MEALS (Enter in claim above)

ALCOHOLIC BEVERAGES ARE NOT REIMBURSED.

## OTHER CHARGES (Parking, Public Transport, etc.)

\_\_\_\_\_  
\$

\_\_\_\_\_  
\$

\_\_\_\_\_  
\$

\_\_\_\_\_  
\$

\_\_\_\_\_  
\$

TOTAL OTHER (Enter above): \$

(CLAIM APPROVAL - CHIEF BUSINESS OFFICER)



2021 NYLF: Medicine Scholarship Commitment Intent

Student Name: Isabella Swarthout

NYLF Student ID Number: 9

In accepting this opportunity you and your families are committing to attending a California-based NYLF conference as a leader in the Health Science Pathway. The location remaining open for this summer is at the University of California, Los Angeles (UCLA) on the following dates:

- June 20-28
- July 3-11
- July 17-25

Your signatures on this document confirm that you have discussed the feasibility of this 9 day learning work-based forum, and that you can commit to this great opportunity. Additionally, you confirm that the district can complete the registration process according to the preferences you indicated below your signatures.

Student Signature: Isabella

Date: 1/26/21

Parent Name (printed): Kate Swarthout

Parent Signature: Kate

Date: 1/26/21

Please order your preference for the conferences available (1-3, if you cannot attend one please put N/A). We will attempt to accommodate your first choice. If that conference is sold out we will move to your next available selection.

N/A June 20-28

2 July 3-11

1 July 17-25