Alpine County Unified School District / Alpine County Office of Education
REQUEST TO ATTEND EDUCATIONAL EVENT

Please complete this form, including all known costs and account codes, and then return request form to the Principal, Business Manager or Superintendent for formal approval. This form will then move on to the District Office for travel arrangement processing.

Name of Attendee: __Amber Bill__   Date Form Given to Supervisor: __11/7/18__

I request approval to attend the following seminar, meeting, conference, event, etc.

__CSBA AEC & Trade Show__
(Title of Event)

__San Francisco, CA__   __11/28/18 - 12/1/18__
(Location)   (Event Scheduled Dates with Beginning & Ending Times)

REQUIREMENTS FOR ATTENDING THIS EVENT	AMOUNT REQUESTED
REGISTRATION FEES List the amount requested to register for this event. Attached to this form the required registration form for purchase order processing. If it is required to register on-line, please supply the web site address: _____	$ __934__ (Registration Fees)
HOTEL ROOM ACCOMODATION NEEDS In the event a hotel room is required for this event, the District Office will make the arrangements. Estimated Cost per night of hotel is: $_____. Arrival Date Requested: _____ Departure Date Requested: _____	$ __1015__ (Total Hotel Costs)
MEALS Meals will be reimbursed at a per diem IRS rate as follows if they are not already covered by the registration fees: **Breakfast $10, Lunch $15, Dinner $31 or Daily Rate of $56 Per Day** Travel to and return from district-related activity must begin prior to 7:00 am and/or end after 6:00 pm in order to request reimbursement for breakfast or dinner. In order to receive lunch reimbursement, travel must begin prior to 11:00 am or end after 1:00 pm. [ ] I wish to receive my per diem upon my return and will make that notion on the "Claim for Reimbursement Form." [ ] I plan on saving my receipts and will be attaching them to the "Claim for Reimbursement Form" upon my return. [ ] I wish to obtain a credit card from the Business Department one day prior to my travel. I will save all credit card receipts and will turn them into the Business Department along with the credit card on the day of my return from travel.	$ __224__ (Total Meal Costs for Entire Event)
METHOD OF TRAVEL [✓] I wish to take my **personal car**. I estimate the number of miles to and from the event to be __400__ x $.535 / mile = [ ] I would like to request a **school suburban**. I estimate the number of miles to and from the event to be _____ x $.70 / mile = (If more than one person is to attend this event, a school suburban is desired.) [ ] I need **airline tickets** arranged for this event. Beginning Departure Date and Time Needed: _____ Returning Departure Date and Time Needed: _____ Airline Preference: _____	$ __214__ (Estimated cost of travel whether it be personal car, school suburban, airline tickets, taxi, or any other travel needs)
SUBSTITUTE NEEDS Is a substitute needed for your position while you are away attending this event? [ ] Yes [ ] No Cost of a certificated substitute is $115 per day. The cost of a classified substitute varies depending upon hours and days. For estimation purposes, calculated the cost of a classified as approximately $75 per day.	$ _____ (Estimated cost of a substitute for total event)
APPROVAL SIGNATURES _____ 11/7/18 School Principal Date _____ 11/7/18 Superintendent and/or Business Manager Date _____ _____ Board of Trustees (if event is over $1,000 in expenses) Date	$ __2387__ **TOTAL EXPENSES FOR THIS REQUESTED EVENT**

Account Code for Funding Event
(Determined by Supervisor)

Fund (2)	Resource (4)	Year (1)	Object (4)	ID # (3)	Goal (4)	Function (4)

Has Suburban Request form been completed and turned in to Transportation Supervisor/Bus Barn? [ ] Yes [ ] No
Have arrangements been made with School Office for a substitute to be scheduled? [ ] Yes [ ] No