PARADISE UNIFIED SCHOOL DISTRICT
SCHOOL BUSINESS REQUEST
Authorization to Attend Conference/Meeting
One Name & One Conference per Form

Print: Last Name  ___________________  First Name  ___________________  Position  ___________________  School/Department  ___________________  Date

Title of conference/meeting: ____________________________________________________________
Date of conference/meeting: ____________________________________________________________ Location: ____________________________________________________________
1. Purpose of conference is to meet: □ Personal professional growth objectives  □ School/District objectives
2. Substitute needed: □ no  □ yes   _____ number of days   $_____ per day   $_____ Total Cost
3. Substitute cost paid by: (SIP, Title 1, 1852, etc.) ____________________________________________________________
   □ Full day  □ Partial day: (Indicate number of periods/hours)

4. Estimated expenses:
   a. Registration fee: _________  P.O. requires? □ no  □ yes   $_____
   b. Transportation:
      □ Private auto with use of District credit card
      □ District vehicle (indicate type needed) ______________________
      □ Mileage ___________  miles round trip @ $0.545
      □ Other transportation (type) ______________________________________
   c. Meals: $_____
      _____ Number of breakfast's  _____ Lunches  _____ Dinners
   d. Lodging  P.O. required? □ no  □ yes  $_____
      _____ Number of days
      Place ____________________________________  Rate $________

ESTIMATED TOTAL COSTS (#2 + #4 a-d))  $_____

5. Expenses paid by:
   Funding source (SIP, Title 1, 1882, etc.)
   Employee

   □ BILLABLE TO:
   Company: ________________________________________________________________
   Attention: ______________________________________________________________
   Address: ________________________________________________________________
   City, State, Zip: ________________________________________________________

   Signature of person attending conference ____________________________ Date ______

   □ IF BILLABLE Business Office  □ Payroll (sent to District Office)  □ Sub Caller (District Office)
   □ School Office (retain at site)  □ Person making request (retain at site)

   Principal ____________________________ Date ______

EXPENSE FORM REQUIRED FOR REIMBURSEMENT

Revised 11/2008