

# PETALUMA CITY SCHOOLS

## TRAVEL AND CONFERENCE APPLICATION FORM

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ SCHOOL/DEPT.: \_\_\_\_\_

I understand that an Employee Travel and Conference reimbursement form must be submitted by the end of the month in which travel occurs and that all expenditures must be itemized on that claim, with original receipts attached.

PURPOSE OF TRAVEL: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_ DATE OF RETURN: \_\_\_\_\_

### ESTIMATED COSTS:

CONFERENCE/SEMINAR REGISTRATION FEE: \$ \_\_\_\_\_ Est. cost

TRANSPORTATION COSTS:

AIR       AUTO       CAR RENTAL      \$ \_\_\_\_\_ Est. cost

OVERNIGHT ACCOMMODATIONS:

\_\_\_\_\_ NIGHTS AT \$ \_\_\_\_\_ \$ \_\_\_\_\_ Est. cost

PER DIEM MEALS:

\_\_\_\_\_ Breakfast (\$13) \$ \_\_\_\_\_ Est. cost

\_\_\_\_\_ Lunch (\$15) \$ \_\_\_\_\_ Est. cost

\_\_\_\_\_ Dinner (\$26) \$ \_\_\_\_\_ Est. cost

OTHER EXPENSES (parking, toll, etc.):

\_\_\_\_\_ \$ \_\_\_\_\_ Est. cost

\_\_\_\_\_ \$ \_\_\_\_\_ Est. cost

\_\_\_\_\_ \$ \_\_\_\_\_ Est. cost

TOTAL: \_\_\_\_\_

BUDGET CODE: \_\_\_\_\_

BUDGET APPROVAL	
Initial	Date

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINCIPAL/SUPERVISOR

\_\_\_\_\_  
Date

\_\_\_\_\_  
CHIEF BUSINESS OFFICIAL

\_\_\_\_\_  
Date