

**PACIFIC GROVE UNIFIED SCHOOL DISTRICT
REQUEST TO ATTEND CONFERENCE/TRAINING/MEETING**

- ▶ **Request must be submitted at least 15 business days prior to attending the event.**
- ▶ A brochure with dates, location, and costs, along with travel expense documentation must be attached for approval.
- ▶ Copy of Approved REQUEST TO ATTEND must be attached when submitting for reimbursement.
- ▶ **Applicant must receive an approved copy prior to attending the event.**

Applicant _____ School or Department _____
Print Name Clearly _____ Date _____
Signature of Applicant _____ Date _____ Signature of School/Department Secretary (*Confirms the form is complete, including the Anticipated Expenses Worksheet – page 2*)

CONFERENCE/TRAINING/MEETING INFORMATION – attach brochure or flyer

Name of Event _____
Date(s) _____ Location _____ City/State _____ County _____

ANTICIPATED EXPENSES – complete worksheet on back and enter TOTALS here

Method of reimbursement for meals ___ Expense per Diem	Registration \$ _____
___ Actual and Necessary unusual or exceptional circumstance <i>(choose one above and complete other side)</i>	Lodging \$ _____
___ Office-Prepare a PO for Registration	Meals \$ _____
___ I will Self Register & Submit for Reimbursement <i>(choose one above)</i>	Travel \$ _____
Sub @ \$201 (=salary + benefits/day)	\$ _____
	Other \$ _____
TOTAL ANTICIPATED EXPENSES	\$ _____

APPROVED EXPENSES

<u>Budget Account Number(s)</u> _____	\$ _____
_____	\$ _____
Sub Code: _____	\$ _____

APPROVAL SIGNATURES – to be signed only when expenses and account information are complete

1. _____ 2. _____
Site Administrator Date Staff Development Coordinator Date

FUNDS AVAILABILITY:

APPROVED:

3. _____ 4. _____
Assistant Superintendent Date Superintendent Date

___ Copy sent to attendee ___ Copy for Staff Development Coordinator ___ Copy for Site

OVER ►

ANTICIPATED EXPENSES WORKSHEET

Meals Reimbursement

_____ PER DIEM (Receipts **not required** – see chart below for amounts. *NOTE: first and last days are at 75%*)

Date	Amount
Total	

_____ ACTUAL AND NECESSARY (Receipts **are required** for reimbursement)

Date	Breakfast	Lunch	Dinner	Total
			Total	

Lodging – *Receipt/s must be attached for reimbursement*

_____ rooms for _____ days at \$ _____ per day Total \$ _____

Travel – *Receipt/s must be attached for reimbursement*

Airplane \$ _____
 Train \$ _____
 Bus \$ _____
 Car: _____ miles @ \$ _____ per mile \$ _____

Chart for Calculating Expense Per Diem Rates

	Inyo	Imperial, Stanislaus, Yolo	Madera, Marin, Santa Clara	Alameda, Fresno, Sacramento, San Mateo, Sonoma	Napa, San Luis, Santa Barbara, Santa Cruz	Los Angeles, Monterey, Orange, Riverside, San Diego, San Francisco, Ventura
PGUSD Rate	\$41.00	\$46.00	\$51.00	\$56.00	\$61.00	\$66.00
Breakfast	\$7.00	\$8.00	\$9.00	\$10.00	\$11.00	\$12.00
Lunch	\$11.00	\$12.00	\$13.00	\$15.00	\$16.00	\$18.00
Dinner	\$23.00	\$26.00	\$29.00	\$31.00	\$34.00	\$36.00
First/Last Days – 75%	\$30.75	\$34.50	\$38.25	\$42.00	\$45.75	\$49.50