

## CONFERENCE AND TRAVEL

It is the responsibility of the individual(s) attending any conference to register for the conference, secure travel and lodging arrangements. Please note at the top of the conference form that arrangements have been made. Complete the Conference and Travel form and submit with registration form or event announcement noting date, location, and cost. If prepayment check is required, please note "prepayment" on the form.

### **A. TRAVEL IN CALIFORNIA**

#### **AT LEAST THREE WEEKS PRIOR TO TRAVEL IN CALIFORNIA...**

Complete the top section of the form. Retain a copy for your records. Attach any conference registration forms indicating who, what, where, when, and cost. Then submit the forms to your administrator for account number and approval signature.

### **B. TRAVEL OUTSIDE CALIFORNIA**

The same procedure outlined in A above is required. However, the lead time is 5 weeks prior to travel. Out of State travel requires Board Approval – so you must allow sufficient time for the approval process prior to making arrangements.

**MEALS:** Maximum meal cost reimbursements are outlined below:

Breakfast	\$ 10.00
Lunch	\$ 15.00
Dinner	\$ 25.00

**LODGING:** Be sure to ask for room rate and tax rate and confirmation number when making reservations.

**TRAVEL:** Do not make Non-refundable travel reservations.

**MILEAGE:** If you are driving, mileage may be claimed at current IRS rate. Mileage is calculated from your work site not your home. Use Mapquest or Yahoo directions to determine miles.

#### **AT THE CONCLUSION OF THE CONFERENCE OR ACTIVITY...**

Complete the bottom section of the form. Attach **original receipts** for reimbursable expenses to the claim form and submit package to the Purchasing Department **within 30 days**. Receipts are required for all reimbursements except mileage. This includes meals, conference fees, lodging, airfare, taxi, car rental, parking, etc.

Tips and alcohol are not reimbursable.

**Incomplete or incorrect documentation will be returned to the originator, which may delay the reimbursement. Please check paperwork for correctness prior to submitting it to Purchasing.**

SEE REVERSE SIDE FOR INSTRUCTIONS

Carlsbad Unified School District

CONFERENCE AND TRAVEL REQUISITION

Requisition No. \_\_\_\_\_

Principal /Dept. Head Approval \_\_\_\_\_ Date \_\_\_\_\_

Business Dept. Approval \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Approval \_\_\_\_\_ Date \_\_\_\_\_

**CLAIMANT IS RESPONSIBLE FOR MAKING THEIR OWN RESERVATIONS. ALL FORMS MUST BE ATTACHED TO THIS REQUISITION.**

**Purchasing Use Only:**  
 Return Req. to: \_\_\_\_\_ By: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 \_\_\_\_\_ Need Budget Transfer  
 \_\_\_\_\_ For Budget Approval  
 \_\_\_\_\_ Need More Information  
 \_\_\_\_\_ Other \_\_\_\_\_

<b>PRE-PLANNED TRAVEL EXPENSES</b>																								
Name:	Site/Dept:																							
Name of Conference/Meeting:																								
Where Held:	Dates: From: _____ To: _____																							
<b>CONFERENCE FEES</b>																								
Vendor Name:	Phone: _____	<b>TOTAL</b> \$ _____																						
Street Address:	Fax: _____																							
City, State, Zip:																								
Will a substitute be required: Yes ___ No ___																								
<b>SUBSTITUTE</b>																								
Number of Days: _____ @ \$ _____ /Day _____ \$ _____																								
<b>HOTEL</b>																								
Hotel Name:	Phone: _____	\$ _____																						
Address:	Fax: _____																							
Check-In Date:	Total No. Nights: _____ Confirmation No.: _____																							
Check-Out Date: _____																								
<b>AIR TRAVEL</b>																								
Travel Agency or Airlines:	Phone: _____	\$ _____																						
Address:	Fax: _____																							
Travel to be paid by: _____ Individual _____ Prepaid by District _____ Purchase Order _____																								
<b>MEALS</b>																								
Will meal reimbursement be necessary? Yes ___ No ___																								
<b>MILEAGE</b>																								
Will mileage reimbursement be necessary? Yes ___ No ___																								
Estimated round trip mileage: _____ Miles @ _____ /mile																								
Car Rental \$ _____																								
Taxi/Shuttle \$ _____																								
Parking \$ _____																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Fund</th> <th>Resource</th> <th>Goal</th> <th>Function</th> <th>Object</th> <th>School</th> <th>Level</th> </tr> </thead> <tbody> <tr> <td>C &amp; T</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Fund	Resource	Goal	Function	Object	School	Level	C & T							Sub.						
Fund	Resource	Goal	Function	Object	School	Level																		
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Sub.																								

CLAIMANT SIGNATURE: \_\_\_\_\_ TOTAL DUE CLAIMANT: \$ \_\_\_\_\_

## CONFERENCE AND TRAVEL CLAIM FORM INSTRUCTIONS

### AT LEAST THREE WEEKS PRIOR TO TRAVEL...

Complete the top section (Pre-Planned Travel Expenses) of this claim form. Retain the goldenrod copy for your records. Attach all conference registration forms, and submit package to your administrator for account number and approval signature. The entire package should then be submitted to the Purchasing Department to obtain signature approval from the Business Services Department and the Superintendent at least three weeks prior to date of conference or travel.

### AT THE CONCLUSION OF THE CONFERENCE OR ACTIVITY...

Complete the bottom section (Actual Travel Expenses) of this claim form. Attach **ORIGINAL RECEIPTS** for reimbursable expenses to the claim form, sign and submit package to the Accounts Payable Department within 30 days. Claims for reimbursement for the month of June must be received no later than June 30th. (Receipts are required for all reimbursements except mileage. This includes meals, conference fees, lodging, airfare, taxi, car rental, parking, etc.)

### ADDITIONAL INFORMATION...

**OUT OF STATE TRAVEL:** Board approval is required for **ALL OUT OF STATE TRAVEL**. Claim form must be submitted to the Purchasing Department at least one month prior to travel to allow for the extra processing required.

**MEALS:** The cost for meals in connection with authorized activities may be claimed. Maximum meal cost reimbursements are outlined below:

Breakfast	\$ 10.00
Lunch	\$ 15.00
Dinner	\$ 25.00

**TRAVEL: ALL TRAVEL RESERVATIONS MUST BE ARRANGED BY THE CLAIMANT.** However, under no circumstances may non-refundable reservations be made without the approval signatures required on this claim form.

**LODGING:** Hotel reservations must be arranged by the claimant. Be sure to ask for room rate and tax rate and confirmation number when making reservations. Normally, hotels required payment prior to departure. If you are not going to pay for your lodging with a personal credit card, be sure to request that the district issue a prepaid check in advance (this will require an invoice from the hotel). Or ascertain if the hotel will take a purchase order in lieu of prepayment.