**WOODVILLE UNION SCHOOL DISTRICT**

**Conference Attendance Request Instructions**

### REQUESTS:

Upon verbal approval from site or district administrator, complete/provide the following:

* A completed ***Request to Attend Conference or* *Workshop*** form.
* Confirmation of Registration or completed Registration Application
* A copy of the Conference Flyer, including dates, times and meals provided by the conference.
* Purchase Requisition (if required for PO or advanced payment)

This “packet” is to be submitted to the immediate supervisor **three weeks** prior to the meeting for written approval. The **funding source must be verified by the Business Office to ensure available funding.** If permission conditions are not met, no reimbursement will be made. After approval, the complete packet will be forwarded to the Business Office.

***Classes undertaken for salary credit should be outside the school day and costs for such courses and/or conferences are the individual's responsibility.***

### REGISTRATION/RESERVATION:

Hotel reservations are the responsibility of the employee.

Registration for the conference will be made **by the district, if:**

* 1. The registration fee is over $100. If under $100, the employee is responsible for the amount (will be reimbursed). The Employee should enter this amount on the ***Reimbursement for Conference Travel and Expenses*** form.
	2. The conference will accept a purchase order **and**;
	3. The request is received in the district office with adequate time to make the registration deadline; otherwise registration is the responsibility of the employee.

### STANDARD ALLOWANCE:

**Lodging:** A general rule with respect to hotel/motel accommodations is the lowest cost room should be obtained which allows reasonable quality and accessibility to the conference.

**Meals:** Reimbursements shall be based on actual and necessary meal costs. If a meal is not taken, no amount may be claimed. If the actual cost is less than the limitation, claim only the actual amount. If a meal exceeds the limitation, the claimant has the option of claiming the limitation amount, or claiming the actual amount with a statement of justification attached to the claim. The portion of meals/tips that exceed the allowable costs below may not be reimbursed.

Reimbursement for alcoholic beverages is prohibited. No alcoholic beverages may appear on any receipt for claim. A tip of up to 15% of meal costs will be reimbursed if actually paid and claimed, and if the total payment of the meal and gratuity do not exceed the limit of the meal reimbursement. Tips over 15% will not be reimbursed. Meals included as part of a registration fee are not reimbursable as separate items. Meals are not reimbursed for attendance at local workshops (75 miles one-way). . In accordance with IRS guidelines, a higher reimbursement rate is established for higher cost area of the state.

|  |  |  |
| --- | --- | --- |
| **Meals** | **Los Angeles, Orange, Ventura, San Diego, San Francisco, Santa Clara, Sacramento Counties** | **All Other Counties** |
| Breakfast | $15.00 | $13.00 |
| Lunch | $17.00 | $15.00 |
| Dinner | $28.00 | $25.00 |
| Total | $60.00 | $53.00 |

### AFTER THE CONFERENCE:

Upon return from the conference or workshop, turn in the

* ***Reimbursement for Conference Travel and Expenses*** along with original receipts, and
* Completed ***Conference Summary Report*** to the Business Office.

### Original receipts for the following categories MUST be submitted with the claim:

* 1. Itemized Hotel/Motel Expenses
	2. Registration Fees (if paid by employee)
	3. Automobile Parking Fees - Self Park Rate Only - No Valet
	4. Receipts for Purchases on a District Credit Card - Must Show Details of Item(s) Purchased.
	5. Transportation - Taxi or Public Transportation
	6. All Meal Expenses (must show meal detail and tip, not just the credit card receipt if separate). No Alcohol.

### DISALLOWABLE EXPENSES:

Alcoholic beverages, valet service, personal telephone calls, room service, internet charges, refrigerator rentals, or gratuities. Membership in an organization is the responsibility of the staff member, and is not reimbursable.

### APPROVAL OF CLAIM FOR PAYMENT:

The Business Manager shall review the expense claims as to amounts and documentation and shall approve them as submitted or reduce them to conform to the amounts allowed under district policy. Incomplete "conference packets" will be returned unprocessed for resubmission once complete.

**WOODVILLE UNION SCHOOL DISTRICT**

**Request to Attend Conference or Workshop**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** |  | **REQUEST DATE:** |  |
| **NAME OF CONFERENCE:** |  |
| **TO BE HELD IN:** *(City, ST):* |  | **DATE(S):** |  |
| **EXPECTED LODGING:** |  | *(Name of Hotel, Motel or other)* |
| **MEANS OF TRAVEL:** |  | *(Private Automobile, Airplane, District Vehicle, etc.)* |
| **Will a Substitute be Required?** |  | **Number of Days:** |  |  |  |
| **PURPOSE OF CONFERENCE/EXPECTED OUTCOMES:** |  |
|  |
|  |
|  |  |  |  |  |
| **MY ESTIMATED EXPENSES AND RELATED COSTS ARE:** |
| **Transportation:** |  |  | **Registration:** |  |  |  |  |
| **Meals:** |  |  | **Substitute:** |  |  |  |  |
| **Lodging:** |  |  | **Other:** |  |  | **Total:** |  |
|  |  |  |  |  |  |  |  |

**PLEASE ATTACH A COPY OF THE CONFERENCE PROGRAM**

|  |  |
| --- | --- |
| **COMMENTS:** |  |
|  |  |  |  |  |
| **SIGNED:** |  |  | **DATE:** |  |
|  |  |  |  |  |
| **APPROVING ADMINISTRATOR:**  |  |  | **DATE:** |  |
|  |  |  |  |  |
| **LIMITATIONS/COMMENTS:**  |  |
|  |
|  |

|  |
| --- |
| **FOR BUSINESS OFFICE USE** |
| FUNDING SOURCE | ACCOUNT NUMBER | AMOUNT |
|  |  |
|  |  |
|  |  |

# WOODVILLE UNION SCHOOL DISTRICT

**Reimbursement for Conference, Travel and Expenses**

(Prior approval to attend conference or workshop is required)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Social Sec. # (Last 4) |  X X X – X X -  |
| Address: |  |  | City: |  | ZIP: |  |
| Conference Name: |  | Location: |  |
| Conference Dates: |  | Others in Attendance: |  |

List all expenses below. Attach receipts for all expenses as indicated. Do **not** list any expenses that have been **prepaid** by the District.

|  |  |  |
| --- | --- | --- |
| **1. MEAL EXPENSES** *Detailed Receipts Required* | Total for Meals, detail below: | $ |
|  Conference Dates: | / | / | / | / | / |
|  Breakfast |  |  |  |  |  |
|  Lunch |  |  |  |  |  |
|  Dinner |  |  |  |  |  |
|  Meals Total |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **2. TRAVEL**  | # of miles |  | @ | $0. | Cents per mile | $ |
|  | *If travel was by other than automobile, list type of transportation, and enter the total amount in the box and attach receipt.* |
|  |  |  |  |  |  |  |
| **3. LODGING** | # of nights |  | @ | $ | per night | $ |
|  *Receipt/Hotel Folio Required* |  |  |  |  |  |
| **4. OTHER PERMISSABLE EXPENSES** |  |  |  | $ |
|  Conference Fees |  | (Registration, etc.) **Receipts** and copy of **Conference Brochure Required** |
|  Books & Materials |  | *Receipt Required* |  |  |  |
|  Parking |  | *Receipt Required* |  |  |  |
|  Other |  | *Receipt Required* |  | **Total Claim** | $ |

|  |
| --- |
| This claim must reflect only the actual out-of pocket expenditures made, including tips (15% maximum). The ***original itemized receipts***MUST be attached to this form. Original itemized receipts and Conference Registration Forms are REQUIRED for reimbursement of all expenditures. The maximum District meal allowance during travel is listed on the Conference Request Form Instructions and in AR3350. |
| I hereby certify that the above statement represents the actual and necessary expenses incurred in connection with my attendance at an authorized school business related function, that the meals were only for employees and no alcohol was purchased. |
| Signed:  |  |  | Date: |  |
| Administrator Approval:  |  | Date: |  |
| Business Office Approval:  |  | Date: |  |
|  |  |  |  |  |
| FOR OFFICE USE ONLY |  | Vendor # |  |
| FUND | RESOURCE | PY | GOAL | FUNCTION | OBJECT | TY | MGR | AMOUNT |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |

**WOODVILLE UNION SCHOOL DISTRICT**

**Conference Summary Report**

|  |  |
| --- | --- |
| **YOUR NAME:** |  |
| **CONFERENCE TOPIC:** |  |
| What specific information and/or skills did you gain from this conference? |  |
|  |
|  |
|  |
|  |
| Did the conference meet your expectations? |  |  |
|  Why? |   |
|  |
|  |
|  |
|  Why Not? |  |
|  |
|  |
|  |
| Would you recommend this conference? |  | Appropriate Grade Level(s)? |  |
| How will you share the information you gained? |  |
|  |
|  |
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**TO BE SUBMITTED WITH CONFERENCE/TRAVEL EXPENSE CLAIM**