

Exhibit A

**AUTHORIZATION FOR TRAVEL/CONFERENCE ATTENDANCE FORM**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Conference/Meeting Title: \_\_\_\_\_

Location/Address: \_\_\_\_\_

Dates of Attendance (MM/DD/YYYY): From \_\_\_\_\_ to \_\_\_\_\_ No. Days \_\_\_\_\_

To be eligible for travel reimbursement, this form shall be properly completed and submitted for approval no less than 15 business days prior to departure. Advances are not the preferred method of paying travel-related expenses. To the extent possible, all registration, lodging, and airline expenses shall be paid in advance through the District's established purchasing procedures.

**PLEASE NOTE:** all out-of-state travel shall be approved in advance by the Governing Board. Following return from travel, a copy of this completed and approved form shall be submitted with a travel expense form within 10 working days.

**DESCRIPTION OF TRAVEL PURPOSE & FUNDING SOURCE (ATTACH CONFERENCE AGENDA/FLIER):**

EXPENSE	ESTIMATED COST
Registration Fee	
Meals	
Lodging	
Airline	
Taxi/Shuttle	
Personal Car _____ Miles @ \$0.575/Mile	
Other Expenses	
<b>Total Estimated Expenses</b>	

- Check if no Expense Incurred
- Check if Advance Funds Requested  
Amount \$ \_\_\_\_\_ (NOT TO EXCEED 75%)  
Date Needed: \_\_\_\_\_
- Check if Substitute Requested  
(Please turn in Time Off Request Form to Principal)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/Designee Signature

\_\_\_\_\_  
Date

