

- Check one:
 Certificated
 Classified
 Non-Employee

OAKLAND UNIFIED SCHOOL DISTRICT
REQUEST TO ATTEND CONFERENCE OR MEETING

Allow 20 working days for processing. District approval must be obtained PRIOR to attendance.

THIS REQUEST IS FOR: Pre-Payment of Expenses Reimbursement of Expenses to Attendee After Conference

Name: _____ School/Office: _____ Grade/Subject: 9-12_____

Approval of Principal/Immediate Supervisor: _____ Phone No.: _____ Date: _____

Official Name of Conference/Meeting: _____
 (Attach Flyer)

Place of Conference/Meeting: _____

Dates beginning: _____ ending: _____ Additional Travel days: _____ Total No. of days: _____

Substitutes needed (dates): _____

Signature of Attendee: _____

	SITE	PROGRAM	F	UNIQUE	OBJECT
Substitute Account No.					
Conference Account No.					

Conference Registration \$ _____

Transportation to/from Hotel \$ _____

Lodging \$ _____
 (Please indicate hotel tax expenses here (allow approximately 15%))

Other Authorized Expenses \$ _____

Food \$ _____ (\$40 a day maximum)

Estimated TOTAL Expenses \$ _____

Transportation Amt \$ _____
 (Circle one) Plane, Train, Private Car (____cents per mile)

IFAS Requisition /Purchase Order No.: _____

NOTE: *Receipts are required for all expense items except food.*

ADMINISTRATIVE ACTION

 Leadership Director Date

 Compliance and Monitoring Date
 (If applicable)

 Other (If applicable) Date

 Superintendent Date

Approved: _____ Date: _____

Justification for Conference/ Meeting Attendance

How will attendance at this conference/meeting help meet the assessed need of all students (if SIP funded) or students in the greatest need of services (if Compensatory Education funded)?
What learning/strategies for students will attendance at this conference/meeting enhance?

How will the information learned at the conference be disseminated/shared with your staff and/or parents?