

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

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	Registration	\$ _____
___ Expense per Diem	Lodging	\$ _____
___ Actual and Necessary	Meals	\$ _____
unusual or exceptional circumstance	Travel	\$ _____
<i>(choose one above and complete other side)</i>		
___ Office-Prepare a PO for Registration	Sub @ \$181 (=salary + benefits/day)	\$ _____
___ I will Self Register & Submit for Reimbursement	Other	\$ _____
<i>(choose one above)</i>		
TOTAL ANTICIPATED EXPENSES		\$ _____

APPROVED EXPENSES

Budget Account Number(s) _____ \$ _____
 _____ \$ _____
 Sub Code: _____ \$ _____

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

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

FUNDS AVAILABILITY: _____ APPROVED: _____
 3. _____ Date _____ 4. _____ Date _____
 Assistant Superintendent Superintendent

___ 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