E 3350 (a)

# CONFERENCE REQUEST, ADVANCE AND CLAIM FORM

LOS MOLINOS UNIFIED SCHOOL DISTRICT
7851 Highway 99 East, Los Molinos, CA. 96055
Phone: (530) 384-7826 Fax: (530) 384-7832

Employee Name _____ Request Date _____
School Site _____
Conference Title _____ Dates: From _____ To _____
Conference Location _____ Means of Transportation _____
City, State _____ ***Gas Card will be used with District vehicle***

Notes to Business Office/Special Circumstances: _____

Approval
_____ Site Administrator _____ Superintendent _____ Date

## PER DIEM ALLOWANCE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Breakfast | Beginning before 7:00 am and lasting at least four hours | ☐ | Breakfast | X | $ | 8.00 | ea | |
| Lunch | Beginning before 11:00 am and lasting at least four hours | ☐ | Lunch | X | $ | 12.00 | ea | |
| Dinner | Beginning before 5:00 pm and lasting at least three hours | ☐ | Dinner | X | $ | 25.00 | ea | |

**Total Meal Per Diem (exclude meals included in registration fee)** _____

| DEPARTURE | | | | | RETURN | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Date | Time | x am or pm | ☐ | AM | Date | Time | x am or pm | ☐ | AM |
| | | | ☐ | PM | | | | ☐ | PM |

## ESTIMATED COSTS PRIOR TO DEPARTURE - ACTUAL COSTS UPON RETURN

| **Estimated Costs** (Before Travel) | ***Travel Accommodations will be made by Conference Attendee using the District Credit Card.*** | **Actual Costs** (After Travel) |
|---|---|---|
| _____ | Registration Fee _____ | _____ |
| _____ | Air, Bus, Rail Itinerary No. _____ | _____ |
| _____ | Private Car Mileage _____ (miles x IRS approved rate) | _____ |
| _____ | Rental Car Agency used: _____ Conf. # _____ | _____ |
| _____ | Miscellaneous (parking, tolls, rental car fuel etc.) _____ | _____ |
| _____ | Lodging Hotel Name/Address _____ | _____ |
| | _____ | |
| | Conf. # _____ | |
| _____ | **Total Estimated Costs** Credit Card Authorization? Yes No **Total Actual Costs** | _____ |

## REQUESTED PREPAID EXPENSES

| **Date Advance Needed By** | | Check Number Business Office Use | **Amount** |
|---|---|---|---|
| _____ | Employee advance: _____ | _____ | _____ |
| _____ | Registration Payable to: _____ | _____ | _____ |
| | | | _____ |
| | | | Closing Balance Actual less Prepaid |

X _____ I certify that I attended the Conference and that the above is a true and correct claim.
Claimant Signature

**SACS Code:** _ _ . _ _ _ _ . _ . _ _ _ _ . _ _ _ _ . _ _ _ _ . _ _ _ . _ _ _ . _ _ _

***Revised 06/2022***