



CORNING UNION ELEMENTARY SCHOOL DISTRICT

1005 Hoag Street, Corning, CA 96021

Conference/Workshop Request Form

Date: _____

Employee (Print Name): _____ Site/Department: _____

Employee Address: _____

1.	Purpose of Travel	<input type="checkbox"/> In Service <input type="checkbox"/> Conference <input type="checkbox"/> Meeting/Seminar <input type="checkbox"/> Other					
	Name of Travel Event						
	Location of Conference/Workshop						
	Date of Event						
	Departure Date:				Return Date:		
	Will a Substitute be needed?	<input type="checkbox"/> Yes (Complete #7 below) <input type="checkbox"/> No					

	Month/Date						Totals
2.	Travel Plane, bus, train fares etc.						
	Taxi, shuttle, car rental, etc.						
	Parking Fees						
	Personal Miles @						
3.	Hotel/Lodging:						
4.	Meal Expense						
	Breakfast (\$13 max)						
	Lunch (\$15 max)						
	Dinner (\$26 max)						
5.	Incidentals (\$5.00 per day max)						
6.	Registration						
7.	Daily Substitute Cost						
8.	Total Expenses						

I hereby certify that the above is in accordance with AR 3350 and **an estimate of possible expenses** that may be incurred if approval is granted to attend the above-named conference/workshop.

Employee Signature _____ Date _____

Site/Department Signature _____ Date _____

☐ Approved ☐ Denied

District Signature _____ Date _____

☐ Approved ☐ Denied

FND	RESC	YR	GOAL	FUNC	OBJ	SITE	STAFF	LOCAL	AMOUNT