

RED BLUFF JOINT UNION HIGH SCHOOL DISTRICT
Conference, Expense & Substitute Request Form

Name _____ Work Site _____ Date _____

SECTION A: CONFERENCE REQUEST *Travel requests must have prior approval.*

Is the district **requiring** you to attend this conference? Yes No

Are you expecting professional growth units? Yes No

Are you expecting compensation for attending this conference? Yes No

Conference Name/Location _____

Reason for Conference _____

Names of Other Attendees _____

Preferred Departure: Date _____ Time _____

Preferred Return: Date _____ Time _____

SECTION B: ESTIMATED EXPENSE REQUEST

If using District funds, Section B must be completed, and airfare, and lodging must be booked by District Office.

Registration Cost (attach registration form): Confirmation #: \$ _____

Lodging: Preferred Location: \$ _____

If sharing a room, name of roommate: _____

Check in/Check Out _____

Meals: _____

Breakfast: # of days X \$ = \$ _____

Lunch: # of days X \$ = \$ _____

Dinner: # of days X \$ = \$ _____ Total Meal Cost: \$ _____

Transportation: Required for air travel only:

Budget Code _____ Program _____

Private vehicle: _____ miles X /mile = \$ _____

Cab Fare: \$ _____

Airfare: \$ _____

District Van _____ miles x \$1.00/mile = \$ _____ Total Transportation Cost: \$ _____

Requested advance (if necessary): \$ _____ Total Estimated Expenses: \$ _____

SECTION C: SUBSTITUTE TEACHER REQUEST

Full Day Dates _____ Period Coverage Dates/Number of Periods _____

Frontline Confirmation # _____ Total Sub Cost \$ _____ (\$200/day or \$25/pd)

SECTION D: BUDGET INFORMATION

Budget Code _____ Program to Charge _____

Signature of Person Requesting _____ Date _____

Signature of Department Chair _____ Date _____

Signature of Principal _____ Date _____

Signature of Superintendent _____ Date _____