

**WOODLAND SCHOOL DISTRICT #50
PRE-APPROVAL OF CONFERENCE/WORKSHOP - FY20**

1. Review the Administrative Procedure 5:60-AP for Meal and Travel Expense Reimbursement prior to attending the event.

** I have read the Administrative Procedure 5:60-AP and will comply with District policy, (initial in box)
Note: Original Itemized Receipts and Direction Overview for Mileage are also required

2. Explain how this conference will be shared in your work environment below:

3. Is advance registration by purchase order/check necessary? Yes/Amount _____ No _____
(attach completed registration form(s) for office processing)

4. Within 10 days after completion of the workshop/conference: Submit the "Conference Travel Reimbursement Form" including a copy of the approved "Pre-Approval of Conference/Workshop" form to your supervisor.

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ATTENDEE/JOB TITLE _____ BUILDING _____

CONFERENCE/WORKSHOP TITLE _____

LOCATION (CITY/STATE) _____

START DATE: _____ START TIME: _____ END DATE: _____ END TIME: _____

ESTIMATED EXPENSES:

One Day Conference	Lunch Rate - \$20.00	\$ _____
Multi-Day Conference	Meal Rate \$60.00 per Full Day	\$ _____
Tolls/Parking		\$ _____
Ground Travel: car, taxi, train	Based on least expensive mode of transportation	\$ _____
Airfare	Based on lowest fare available	\$ _____
Hotel	Single room rate will be reimbursed.	\$ _____
Mileage	Based on 1/1/2019 IRS mileage rate of .58	\$ _____
TOTAL ESTIMATED EXPENSES:		<u> - </u>
Total Budget Approved	\$ -	

Attendee Signature Date

(Office Use Only)

BUDGET APPROVED BY:

Supervisor

Account Number (Workshop)

Date

Account Number (Meals & Travel)