

Calaveras Unified School District

Conference - Inservice Activity Request Form

Name: _____ School/Site: _____ Date of Request: _____

Conference/In Service Activity: _____ Date: _____

Location: _____ Sponsored by: _____

Justification Statement: _____

Date of Report on Activity to School Board or School Site Council: _____

Estimated Expenses	District Office Use Only	Actual Expenses
Travel: _____		Travel: _____
Lodging: _____		Lodging: _____
Meals: _____		Meals: _____
Fees: _____		Fees: _____
Other: _____		Other: _____
Sub Teacher: _____		Sub Teacher: _____
TOTAL: _____		TOTAL: _____

☐ Check here if the business office is requested to forward registration or reservation forms.

ATTACH ALL FORMS: Keep copies of all forms and this request. Note: Registration forms/fees/P.O.'s cannot be processed until after this request has been approved. The business office needs a minimum of 5 working days to process P.O.'s and 10 working days to process a check. Claims for reimbursement will not be honored if expense claims are not submitted to the Business Office within thirty days after attending the conference.

Principal or Director's Signature: _____ Date: _____

Comment and/or Recommendation: _____

Charge to: (account string) _____

Comp-Ed. Only: Component: _____ Plan page # _____

Signature of Categorical Projects Director: _____

Note: _____

APPROVAL: _____

Signature of Superintendent or designee or SSC Chairperson: _____ Date: _____