

NATOMAS UNIFIED SCHOOL DISTRICT

CONFERENCE REQUEST FORM

THIS FORM MUST BE APPROVED, AND A PURCHASE ORDER GENERATED PRIOR TO CONFERENCE REGISTRATION. REGISTRATION FORMS MUST BE RECEIVED BY YOUR SITE/DEPARTMENT ADMINISTRATORS AT LEAST 14 DAYS PRIOR TO THE CONFERENCE REGISTRATION DEADLINE OR 30 DAYS PRIOR TO THE DATE OF THE CONFERENCE, WHICHEVER IS GREATER.

NAME _____ DATE OF REQUEST _____

PURPOSE _____ DATE OF CONFERENCE _____

***** IF CLASS COVERAGE IS NEEDED, A SUBSTITUTE REQUEST MUST BE PROCESSED.**

Object REGISTRATION

5200 CHECK PAYABLE TO _____

Attach the following, as applicable:
Conference registration form and Agenda

ADDRESS TO SEND CHECK _____

CITY, STATE ZIP CODE _____

ESTIMATE ACTUAL DIFF

FAX NUMBER: _____

Object LODGING

5200 CHECK PAYABLE TO _____

Attach the following, as applicable:
Hotel Quote
(including taxes, tourism fees, etc.)

ADDRESS TO SEND CHECK _____

CITY, STATE ZIP CODE _____

ESTIMATE ACTUAL DIFF

FAX NUMBER: _____

Object TRANSPORTATION (Airline, Car Rental, etc)

5200 CHECK PAYABLE TO _____

Attach the following, as applicable
Estimate of mileage to/from (ie Google Maps)
Airfare Quote (including taxes, baggage fees, etc.)
Car rental quote, taxi/shuttle estimate, etc

ADDRESS TO SEND CHECK _____

CITY, STATE ZIP CODE _____

ESTIMATE ACTUAL DIFF

FAX NUMBER: _____

Object MEALS / PER-DIEM

5200 CHECK PAYABLE TO _____

Attach the following, as applicable
Conference Agenda
Indicate number of days attending

ADDRESS TO SEND CHECK _____

CITY, STATE ZIP CODE _____

ESTIMATE ACTUAL DIFF

FAX NUMBER: _____

TOTAL COST OF ATTENDEE FOR CONFERENCE:

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ACCOUNT CODE: (MUST BE COMPLETED BEFORE SUBMITTING TO DISTRICT FOR APPROVAL)

Fund XX	Resource XXXX	PY X	Object XXXX	Site XXX	Goal XXXX	Function XXXX	Bgt Resp XXX	Local 2 XXX	
-	-	-	-	-	-	-	-	-	\$
-	-	-	-	-	-	-	-	-	\$
-	-	-	-	-	-	-	-	-	\$
-	-	-	-	-	-	-	-	-	\$

SUPERVISOR NAME _____ **DATE** _____

PRINT NAME

SUPERVISOR SIGNATURE _____

SIGN NAME