

**ORANGE UNIFIED SCHOOL DISTRICT  
REQUEST TO ATTEND AN EDUCATIONAL CONFERENCE/OTHER EVENT**

Name: \_\_\_\_\_ School/Dept: \_\_\_\_\_  
Last, First

Position: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_

**REQUEST:**

1. Conference/Field Trip/Other Event: \_\_\_\_\_
2. Location (City, State): \_\_\_\_\_
3. Date(s): \_\_\_\_\_

**CONFERENCE EXPENSES:**

Expense Budget number: \_\_\_\_\_

1. TRANSPORTATION: *(Auto expense not to exceed best price air fare. Carpool required if more than one person is going to the same location by auto)*  
 Auto expense (actual mileage \_\_\_\_\_ x IRS current rate = \_\_\_\_\_ )  
 Commercial (air, rail or bus)  
 a. **TRANSPORTATION EXPENSES:**.....\$ \_\_\_\_\_
2. LODGING: *(No lodging if conference is within 50 miles of the District and no evening sessions are involved):* .....\$ \_\_\_\_\_
3. REGISTRATION FEES *(Dues not to be included):* .....\$ \_\_\_\_\_
4. MEALS *(Not to exceed \$50.00 per day for reasonable, actual and necessary expenditures. Does not include alcoholic beverages):*.....\$ \_\_\_\_\_
5. MISC. EXPENSES *(parking, taxi, materials):* ..... \$ \_\_\_\_\_

Conference expense not to exceed      **TOTAL EXPENSE AMOUNT:**.....\$ \_\_\_\_\_

**SUBSTITUTE SERVICE:**

1. Date/s needed: \_\_\_\_\_      8 hour day  
**OR**      3 hour day \_\_\_\_\_ report time
2. Name of Sub Requested: \_\_\_\_\_
3. Budget number: \_\_\_\_\_      **PC #:** \_\_\_\_\_

**Date:** \_\_\_\_\_      **Teacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_      **Principal Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_      **Program Manager:** \_\_\_\_\_

**SUPERINTENDENT APPROVAL DATE:** \_\_\_\_\_