<b>SAMPLE</b>		CONF	NTIAGO COMMUNI ERENCE REC	QUEST CL	AIM.			
	JA		/	1000000	03-10-2018			
	E		<u> </u>	Employee No.		Request Date		
Accounts Numbers:	12-2412-6	675000-30000-521	Dept/Location:	ACCOUN	ITING / DO	Tel. No.:	<u>714 - 480 - 7354</u>	
PART I : REQUEST F								
(			ANT WRITING CON	IFERENCE	/		2018 - 4/8/2018	
Title of Conference/Seminar					TEACHERS OF AM		Attendance/Travel	
		NDO, FL (City/State)	/		Sponsoring	-		
Briefly narrate purpos	`	( <b>)</b> ,	d benefits to District:	LEARN H	IOW TO WRITE GR	-		
IN SCIENCE FOR ST								
				_ 		or's Signature		
ESTIMATE EXPENSES					( to be completed b		-	
Transportation \$ 30	00.00	Meal \$ <u>2</u> 4	40.00		TOTAL APPROVED EST			
Registration \$ 20	0.00		0.00		\$ <u>1,2</u> 6	60.00		
Lodging \$ <u>6</u> 5	50.00							
	TOTAL: \$ <u>1,260.0</u> 0					inistrator/Manager		
						nistrator/ivianay	jer	
Date of Board Appro	oval (if requir	ed)	Signature of Chai	ncellor, Vice Ch	ancellor or President		Date	
<ul> <li>PART III: ACTUAL EX</li> <li>(1) Transportation ( Auto: (not to exc</li> <li>(2) Registration Fee</li> </ul>	e (payee) (payee) E: must not e XPENSE RE (attach rece ceed plane f	Teachers of Americ         Disneyworld Grand         Jane E. Doe (Purce         exceed 75% of Total A         EPORT/CLAIM FOR         eipt)       \$ 250.00         fare)	pproved Estimated Exp R REIMBURSEMENE Air <u>\$ 15.00</u> 2500 to (odometer real TOTAL MILES	Apter (Purchase           apter (Purchase           leq #40523)           pense           5 Complete & subr           5 Complete & subr           0	mitoriginal Conf. Req. Cla \$ 5.00 Bus 2548 x * <u>\$ 0.58</u>	\$ 2 \$ 5 \$ 5 _\$ 5		
(3) Lodging (attach	ı receipt/exc	clude phone calls;	parking)			<b>3.</b> \$ _	605.00	
(4) Meals	Date	Breakfast	Lunch	Dinner	TOTALS	7		
	04/05/16	\$ 10.00	\$ 20.00	\$ 30.00	\$ 60.00	]		
	04/06/16	\$ 10.00	\$ 20.00	\$ 30.00	\$ 60.00	_		
	04/07/16	\$ 10.00 \$ 10.00	\$ 20.00	\$ 30.00	\$ 60.00	4		
	04/08/15	\$ 10.00	\$ 20.00	\$ 30.00	\$ 60.00 TOTAL MEAL	 • \$	240.00	
(5) Other Expenses		\$ <u>95.00</u> <u>\$15.00</u>					240.00	
(Itemize and		king (\$50)	tware (\$45)	Grant Samples	Textbook (\$15)			
attach receipts)							110.00	
TOTAL OTHER EXPENSE								
TOTAL EXPENSE (not to exceed Approved Estimated Amount)						\$	1,272.84	
(6) Less Advances:	(see PART	<sup>·</sup> II)				6. \$	945.00	
			IT DUE RSCCD (Total		• •			
			IT DUE CLAIMANT (7	-			327.84	
				-	ing claimed hereon, I had Public Liability and Prope			
Signature of Claima			Signature of I	-		ly uu	Date:	
Signature of Glanne	am			Jilect Supervis	sor			