

# 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.

<b>Object</b>	<b><u>REGISTRATION</u></b>				
5200	CHECK PAYABLE TO	_____	Attach the following, as applicable: Conference registration form and Agenda		
	ADDRESS TO SEND CHECK	_____			
	CITY, STATE ZIP CODE	_____	<u>ESTIMATE</u>	<u>ACTUAL</u>	<u>DIFF</u>
	FAX NUMBER:	_____	_____	_____	_____

<b>Object</b>	<b><u>LODGING</u></b>				
5200	CHECK PAYABLE TO	_____	Attach the following, as applicable: Hotel Quote (including taxes, tourism fees, etc.)		
	ADDRESS TO SEND CHECK	_____			
	CITY, STATE ZIP CODE	_____	<u>ESTIMATE</u>	<u>ACTUAL</u>	<u>DIFF</u>
	FAX NUMBER:	_____	_____	_____	_____

<b>Object</b>	<b><u>TRANSPORTATION</u></b>	(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	_____	<u>ESTIMATE</u>	<u>ACTUAL</u>	<u>DIFF</u>
	FAX NUMBER:	_____	_____	_____	_____

<b>Object</b>	<b><u>MEALS / PER-DIEM</u></b>				
5200	CHECK PAYABLE TO	_____	Attach the following, as applicable: Conference Agenda Indicate number of days attending		
	ADDRESS TO SEND CHECK	_____			
	CITY, STATE ZIP CODE	_____	<u>ESTIMATE</u>	<u>ACTUAL</u>	<u>DIFF</u>
	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	
-	-	-	-	-	-	-	-	-	\$
-	-	-	-	-	-	-	-	-	\$
-	-	-	-	-	-	-	-	-	\$
-	-	-	-	-	-	-	-	-	\$

**SITE APPROVAL** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Print name) (Signature)

**DISTRICT APPROVAL** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Print name) (Signature)