

# University High School

## Travel and Conference Request Form

Employee Name: \_\_\_\_\_ Conference Date(s): \_\_\_\_\_  
 Conference Name: \_\_\_\_\_ Conference Website: \_\_\_\_\_  
 Conference Location: \_\_\_\_\_ Previous/Current Membership #: \_\_\_\_\_  
 (city & state)

### Estimation of Costs

Conference Registration: \_\_\_\_\_ \$ \_\_\_\_\_

Transportation:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ \$ \_\_\_\_\_

Air      \*Personal Vehicle      Rental Vehicle      Other  
(.655 cents/mi)

*\*Attached mileage map*

Lodging:  \_\_\_\_\_  \_\_\_\_\_ \$ \_\_\_\_\_  
 Hotel      Other

Hotel Name: \_\_\_\_\_

Hotel Address: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Meals:

	Cost per day	x	Number of Days	
Breakfast	\$15.00			= \$ _____
Lunch	\$18.00			= \$ _____
Dinner	\$25.00			= \$ _____

Substitute Required?  Yes  No      Number of Days Needed: \_\_\_\_\_

Other Costs (list costs): \_\_\_\_\_ \$ \_\_\_\_\_

**Total Estimated Conference Cost** \$ \_\_\_\_\_

Prepay Request:  Hotel       Conference Registration       Airfare       Rental Vehicle

1. All arrangements for TRANSPORTATION and LODGING must be made by the employee.
2. A Conference Expense Form must be filled out and returned to the Office Manager within one week after the conference.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_