



# DELANO JOINT UNION HIGH SCHOOL DISTRICT

## REQUEST FOR CONFERENCE AND/OR SUBSTITUTE

NAME \_\_\_\_\_ DATE \_\_\_\_\_

DEPT/PROGRAM \_\_\_\_\_

CONFERENCE MTG \_\_\_\_\_

DESTINATION \_\_\_\_\_

DEPARTURE DATE & TIME \_\_\_\_\_ RETURN DATE & TIME \_\_\_\_\_

SUBSTITUTE NEEDS: \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ DAYS \_\_\_\_\_ HOURS

I request the following estimated expenses be paid by the District:

Mileage	_____ @ _____	Meals	_____
Air Travel	_____	Hotel/Motel	_____
Taxi/Bus	_____	Conf Fee	_____
Other	_____	TOTAL EXP	_____

Signature of Applicant	Date	Signature of Principal/Supervisor	Date
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Substitute charged to: \_\_\_\_\_

Travel Expenses charged to: \_\_\_\_\_

Business Office verification of funds: \_\_\_\_\_

Superintendent's approval \_\_\_\_\_

Travel over 150 miles one way requires Board approval and must be submitted **SIX (6) WEEKS** in advance.

*This form is required for all travel outside of the district boundaries.*

*Individual forms must be filled out for each attendee. Requests should be on file in the Superintendent's office at least 10 days prior to the date of travel. Extra time should be allowed for travel requiring Board of Trustees' approval.*

See Business Office Procedure Manual for complete details regarding travel and reimbursement guidelines. An approved copy of the request will be returned to each applicant and one to the Business Office.