

CONFERENCE / INSERVICE “AUTHORIZATION” REQUEST

ALPINE SCHOOL DISTRICT

Instructor Name(s) _____ Date _____

School _____ Department/Program (FBLA, FFA, etc.) _____

This form is for requesting authorization for reimbursement of expenses anticipated in connection with the Conference / Convention / Inservice, ***with or without students***, described below:

Name of Conference _____ Date of Conference _____

Location of Conference _____

*** ESTIMATED COSTS ONLY ***

THIS BOX TO BE COMPLETED ONLY FOR STUDENTS ATTENDING A NATIONAL CTSO CONFERENCE	THIS BOX TO BE COMPLETED FOR INSTRUCTOR(S) ONLY
Number of State Officers _____ Number of State 1st Place Winners _____ 1. Total Student Transportation Costs * _____ 2. Total Student Lodging Costs * _____ 3. Total Student Registration Costs * _____ 4. Sub-Total (1+2+3) ** _____ 5. Amount Provided by State _____ 6. Total Student Costs (4 minus 5) (Enter here and on line 13) _____ * Receipts required for reimbursement. Official itemized expense sheet from State organization, specifying student costs for each area, may be submitted in lieu of receipts. ** Student meals are not reimbursable.	7. Total Transportation Costs * _____ 8. Total Lodging Costs * _____ 9. Total Registration Costs * _____ 10. Total Meals Costs ** _____ 11. Other Costs *** _____ 12. Total Instructor Costs (7+8+9+10+11) (Enter here and on line 14) _____ * Receipts required for reimbursement. Official itemized expense sheet from sponsoring organization, specifying instructor costs in each area, may be submitted in lieu of receipts. ** See page 2 for Meal Reimbursement Worksheet. No receipts required for reimbursement. *** Shuttle fares, insurance, etc., if not part of registration. Include details on back of sheet. Receipts required for reimbursement for costs over \$15.

13. Total Student Costs, from line 6 _____
 14. Total Instructor Costs, from line 12 _____
 15. Total Requested (13 + 14) _____

Signatures: (All are required)

Instructor
Principal
CTE Coordinator

Approval: _____
 District CTE Director

NOTE: ALL REQUESTS FOR REIMBURSEMENT SUBMITTED LATER THAN 90 DAYS AFTER THE ACTIVITY WILL NOT BE REIMBURSED!

CONFERENCE / INSERVICE “AUTHORIZATION” REQUEST
 MEAL REIMBURSEMENT WORKSHEET
 ALPINE SCHOOL DISTRICT

Reimbursement for meals will only be provided when an overnight stay is required. Reimbursement will be on a meal-by-meal per diem basis according to the following departure/return schedule, not including any complimentary meals provided by the hotel/motel and/or part of the conference/in-service registration:

		<u>In-state</u>	<u>out-of-state</u>
Breakfast	Departing before 7:00 AM or returning after 8:00 AM	\$8.00	\$10.00
Lunch	Departing before 11:30 AM or returning after 1:00 PM	11.00	13.00
Dinner	Departing before 6:00 PM or returning after 7:00 PM	15.00	20.00

Date of departure _____ Date of return _____

Time of departure _____ AM or PM Time of return _____ AM or PM

Total # of breakfasts _____ minus # of comp meals _____ = _____ x \$ _____ * = \$ _____

Total # of lunches _____ minus # of comp meals _____ = _____ x \$ _____ * = \$ _____

Total # of dinners _____ minus # of comp meals _____ = _____ x \$ _____ * = \$ _____

Total (enter on form CTE-008A page 1, line 10) \$ _____

* Enter either in-state or out-of-state per diem rate based on chart above

Notes: _____

