

CONFERENCE / INSERVICE “REIMBURSEMENT” REQUEST

ALPINE SCHOOL DISTRICT

Note: All requests must have received prior approval by previously submitting FORM CTE-008A.
 This form is for requesting reimbursement of expenses in connection with the Conference / Convention / Inservice, with or without students, described below:

Instructor Name(s) _____ School _____ Date _____
 Conference Name and Location _____ Date of Conference _____

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 14) _____ * 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 15) _____ * Receipts required for reimbursement. Official itemized expense sheet from sponsoring organization specifying costs in each area may be submitted in lieu of receipts. ** If transportation was other than commercial air, provide details on back of sheet. If by private auto, include beginning and ending odometer readings, by date, total miles and total amount (total miles times 48.5¢/mile). *** See page 2 for Meal Reimbursement Worksheet. <u>No receipts required for meals reimbursement.</u> **** Shuttle fares, insurance, etc., if not part of registration. Include details on back of sheet. Receipts required for costs over \$15.

13. If reimbursement for meals, transportation, lodging, registration, or other costs should be sent directly to the instructor, enter the costs here: _____ and on line 17. Otherwise, leave blank and the costs will be included in the total to be reimbursed to the school.

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| 14. Student Costs, from line 6 | _____ |
| 15. Instructor Costs, from line 12 | _____ |
| 16. Sub Total (14 + 15) | _____ |
| 17. Amount to be sent directly to instructor , from line 13 total | _____ |
| 18. Total Reimbursement Requested to School (16 minus 17) | _____ |

Signatures: (All are required) (Include school account number to be reimbursed: _____)

_____ Instructor _____ Principal _____ CTE Coordinator

Office Use Only		
Approval: _____ District CTE Director	Instructor \$ _____	Acct # _____
Date: _____	School \$ _____	Acct # _____

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

CONFERENCE / INSERVICE “**REIMBURSEMENT**” 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-008B page 1, line 10) \$ _____

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

Notes: _____

