**Conference/ Workshop Request on My Learning Plan**

**Travel Conference Reimbursement Form**

| Name: | |  | | | Conference/ Workshop: | | | | |  | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date(s): | |  | | | Location: | |  | | | | | | |
|  | | | **Day 1** | **Day 2** | | **Day 3** | | **Day 4** | **Day 5** | | **Day 6** | **Day 7** | **Total** |
| **Registration Fee:** | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | |
| **Meals*:*** *\*see below* | | | | | | | | | | | | | |
|  | Breakfast | |  |  | |  | |  |  | |  |  |  |
|  | Lunch | |  |  | |  | |  |  | |  |  |  |
|  | Dinner | |  |  | |  | |  |  | |  |  |  |
|  | | | | | | | | | | | | | |
| **Lodging:** | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | |
| **Travel/ Transportation:** | | | | | | | | | | | | | |
|  | By car (Miles x [rate](https://www.irs.gov/tax-professionals/standard-mileage-rates)) | |  |  | |  | |  |  | |  |  |  |
|  | By plane/ bus/ train | |  |  | |  | |  |  | |  |  |  |
|  | Tolls | |  |  | |  | |  |  | |  |  |  |
|  | Parking fees | |  |  | |  | |  |  | |  |  |  |
|  | Transportation at the event (Taxi, Uber, Lyft, etc.) | |  |  | |  | |  |  | |  |  |  |
|  | | | | | | | | | | | | | |
| Other expenses (please explain in detail) | | |  |  | |  | |  |  | |  |  |  |
| **Total Expenses** | | | | | | | | | | | | |  |

**Receipts are required for expenses except mileage. For mileage, include a copy of what was used to determine miles traveled**

\*For meal rate maximums: go to <https://www.gsa.gov/travel/plan-book/per-diem-rates>, enter the location of the event, scroll down to “Meal and Incidental Expenses (M&IE) rates and breakdown”

CLAIMANT'S CERTIFICATION: Sign this request for reimbursement after trip is completed and submit to the Accounts Payable Dept. with receipts and proof of attendance such as an itinerary or certificate of completion.

I hereby certify that the above claim for reimbursement in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is true and correct and that the services charged were actually performed, delivered, or made within the dates stated; that the items are correct; that the sums charged are reasonable and just; that no part has been paid or reimbursed from other sources; that taxes from which the School District is exempt are not included, and that the amount claimed is actually due.

|  | Signature | Date |
| --- | --- | --- |
| Claimant |  |  |
| Administrator |  |  |
| Purchasing Official |  |  |