

**RIVERSIDE UNIFIED SCHOOL DISTRICT
CONFERENCE ATTENDANCE AND/OR SUBSTITUTE REQUEST**



Applicant Name(s): _____ **Work Site:** _____
(Legal name, as it appears on payroll check or Attached Page 2 if more than two attendees)

Conference Information (Flyer or Brochure must be attached)

Name of Conference: _____ **Location:** _____
(School, City, State, Etc.)
Web Site: _____ **Date (s):** _____ **Time:** _____
(If applicable)
Purpose/Justification: _____

Estimated Expenses

Mileage: _____ \$ _____ **Meals:** \$ _____ **Hotel/Lodging:** \$ _____
Conference Fee: \$ _____ **Air Fare:** \$ _____ **Other:** _____ \$ _____
(list)
Taxi/Bus/Shuttle: \$ _____ **Parking:** \$ _____ **Other:** _____ \$ _____
(list)

Substitute Information-usually related to Instruction/Classroom

No Substitute Needed: _____ **# Full Day Substitute (s)** _____ **# 1/2 Day Substitute (s)** _____

NOTE: Sub coverage is your responsibility. Note the absence as "G" on the attendance sheet for the applicant and in the "LV" code on the timecard for the substitute.

Account Information

Mileage Acct. # _____ **Amount:** \$ _____
Other Expenses Acct. # _____ **Amount:** \$ _____
_____ **Amount:** \$ _____
Substitute Account # _____ **Amount:** \$ _____
Estimated Total: \$ _____

Applicant Signature **Date**

Signature of Principal/Supervisor

Applicant Signature **Date**

Signature of Division Administrator/Superintendent/Designee

These request forms are to be completed for review and approval at least ten (10) days prior to earliest registration deadline. Fees or charges needing a Purchase Order must be requested following the established Purchasing procedures. Expenses needing to be reimbursed to the Applicant must be submitted on an Expense Claim form with itemized receipts and a copy of this approved request attached within five (5) days of the completion of the attended conference.