



North Monterey County Unified School District Conference/Travel Authorization Form For Professional Development/Out of District Travel

Name: _____

School & Position: _____

Request to Attend: _____

Name of Activity (Attach Agenda/Flyer of Activity)

Location

Date(s)

Focus Area(s) & How You Will Utilize the Information:

LCAP Goals: *(Check All that Apply)*

- | | | |
|--|--|---|
| <input type="checkbox"/> #1: Improving Instruction | <input type="checkbox"/> #4: Staff Engagement & Connection | <input type="checkbox"/> #7: College and Career Readiness |
| <input type="checkbox"/> #2: Student Engagement & Connection | <input type="checkbox"/> #5: ELA & Math Achievement | <input type="checkbox"/> #8: Reduced Chronic Absenteeism |
| <input type="checkbox"/> #3: Parent & Community Connections | <input type="checkbox"/> #6: Reduced Suspension Rates | |

Sub Needed: Yes No

	Number of days	Rate
Total Cost (include tax & fees):		Estimated Cost
Registration:		\$
Transportation:	<input type="checkbox"/> Air Vehicle: <input type="checkbox"/> Personal <input type="checkbox"/> District	\$
Lodging:	Number of Nights:	\$
Meals:		\$
Mileage: (0.70/mile)	Number of Miles: (Attach Expense Voucher Form)	\$
Total:		\$

- A copy of this form must be attached to each associated Purchase Order - Registration, Hotel, or Airline. *(Approved Request Form is Required to Create a PO)*
- A copy of this form must be attached to your Expense Voucher, along with Original Receipts, and Maps. *(Due within 2 Weeks of Event Date)*

Budget String: _____

Approved by: _____
Administrator Signature

Maximum Meal Reimbursement Allowances			
<i>Without an original or itemized receipt:</i>		<i>With an itemized receipt:</i>	
Breakfast	\$7.00	Breakfast	\$12.00
Lunch	\$11.00	Lunch	\$16.00
Dinner	\$18.00	Dinner	\$22.00

Out of State Travel
Requires Board Approval

- Must be submitted for review to Educational Services after your immediate supervisor review and approval.
- Completed packet must be submitted a minimum of two months in advance of the event to Educational Services.

If a site professional development, submit to Educational Services Department for Review
(Minimum of three weeks in advance of activity)

In State Travel

Approved Not Approved

Out of State Travel

Approved Not Approved

Superintendent's Signature

Date