

Vendor #: \_\_\_\_\_  
 PV #: \_\_\_\_\_

**CONFERENCE ATTENDANCE REIMBURSEMENT**

**1. EMPLOYEE INFORMATION:**

NAME: \_\_\_\_\_ LAST 4 OF SOCIAL #: \_\_\_\_\_ DEPARTMENT/WORK LOCATION: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ CHECK IF NEW ADDRESS:

**2. ANTICIPATED BUSINESS TRAVEL INFORMATION:**

PURPOSE OF TRAVEL: \_\_\_\_\_ DESTINATION: \_\_\_\_\_  
 DRIVER: \_\_\_\_\_ INDIVIDUALS IN CAR POOL: \_\_\_\_\_  
 ANTICIPATED DAY, DATE, and TIME OF DEPARTURE: \_\_\_\_\_ ANTICIPATED DAY, DATE, and TIME OF RETURN: \_\_\_\_\_  
 METHOD OF TRAVEL:  
 (CHECK ONE) DISTRICT VEHICLE:  RENTAL VEHICLE:  PRIVATE VEHICLE:  AIRPLANE:  OTHER:

**3. DISTRICT VEHICLE RESERVATION** **4. PRIOR ATTENDANCE AUTHORIZATION**

I certify that I have read and understand the Standard Operating Procedures for the use of TCOE vehicles.  
 I further certify that I possess a valid CA Drivers License in my name to operate the requested vehicle.  
 RESERVATION ENTERED: Y / N  
 VEHICLE ID # \_\_\_\_\_  
 IMMEDIATE SUPERVISOR \_\_\_\_\_ DATE: \_\_\_\_\_  
 DEPARTMENTAL SUPERVISOR \_\_\_\_\_ DATE: \_\_\_\_\_  
 EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_ SUPERINTENDENT or DESIGNEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**5. TRAVEL EXPENSES PAID BY TULARE COUNTY OFFICE OF EDUCATION:** **BUSINESS OFFICE USE ONLY**

1) REGISTRATION:	@	=	Total
VENDOR NAME: _____ PO# _____ AMOUNT: _____	Mileage:	Per Mile	
2) LODGING:	Registration # of Meals:	Parking	Lodging
HOTEL NAME: _____ PO# _____ AMOUNT: _____	Breakfast	@ \$14.00	=
3) # of MEALS PROVIDED IN REGISTRATION, HOTEL, OR AIRFARE:	Lunch	@ \$20.00	=
BREAKFAST _____ LUNCH _____ DINNER _____	Dinner	@ \$28.00	=
4) OTHER EXPENSES: (SPECIFY):	Incidentals	@ \$8.00	=
OTHER: _____ PO# _____ AMOUNT: _____	Other	Credit Memo	
OTHER: _____ PO# _____ AMOUNT: _____	Taxable Meals: Y / N		\$ _____
	Tech Initials:	Total Reimbursement	

**6. ACCOUNT CODE:**

FD	RE	PY	GO	FN	OB	SI	CO	RP	%	AMOUNT	DISTRICT VEHICLE CHARGE
					5200 ( )						JE #: _____
											DATE: _____
											TECH INITIALS: _____

**7. ACTUAL BUSINESS TRAVEL INFORMATION:**

ACTUAL DATE AND TIME OF DEPARTURE \_\_\_\_\_ ACTUAL DATE AND TIME OF RETURN \_\_\_\_\_  
 ACTUAL MILEAGE: STARTING ODOMETER \_\_\_\_\_ ENDING ODOMETER \_\_\_\_\_ TOTAL # OF MILES DRIVEN \_\_\_\_\_  
 EMPLOYEE PAID EXPENSES:  
 REGISTRATION \_\_\_\_\_ HOTEL \_\_\_\_\_ TRANSPORTATION \_\_\_\_\_ PARKING \_\_\_\_\_ MISC \_\_\_\_\_

**8. EMPLOYEE CERTIFICATION:**

I hereby certify that the above represents the actual and necessary expenses incurred. ( To be signed upon return.)  
 CLAIMANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**9. REIMBURSEMENT AUTHORIZATION:**

DEPARTMENT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ SUPERINTENDENT or DESIGNEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Conference Attendance Reimbursement



All travel to attend a conference requires pre-approval. Please complete a request for Conference Attendance Reimbursement to obtain approval prior to travel & prior to requesting a Purchase Order for your travel expenses. All travel Out of County (unless part of your regular job duties) requires a Conference Attendance Reimbursement approval. Approval is also needed for any travel in the county that is not a part of your regular job duties, such as travel to a local conference.

## 1. Prior to Travel

- a. Complete Section 1 with your employee information.
- b. Complete Section 2 with *Anticipated Business Travel Information*, including the Purpose of Travel, *Anticipated Time of Departure & Return*, Driver & Individuals in Carpool, and Method of Travel.
  - i. The preferred method of travel is by District Vehicle, when possible.
- c. Check vehicle calendar in Outlook for TCOE vehicle availability.
  - i. Reserve vehicle if available & list vehicle ID in District Vehicle Reservation section in Section 3.
  - ii. Sign district vehicle certification
- d. Complete Section 5 for any expenses that **TCOE will be paying for directly**, such as registration, airfare, hotel, rental car, etc.
  - i. Please indicate the amount of the expense. You can write in the PO # later.
  - ii. If TCOE will not be paying any expenses, indicate with a zero.
  - iii. Expenses that will be paid for by the *employee* should NOT go in Section 5.
  - iv. Also, indicate the number of meals that will be **provided** at the conference/hotel or are included in airfare. (Do not include continental breakfasts.)
- e. Complete section 6 with the Budget line(s).
- f. Attach copy of agenda or tentative agenda & registration form to show the educational purpose of your travel.
- g. Have your Immediate Supervisor, Department Supervisor & Assistant Superintendent approve in Section 4, Prior Attendance Authorization.
- h. The Conference Attendance Reimbursement form should be returned to you after it has been approved.

## 2. One you have received approval to travel, you can begin making conference arrangements.

- a. For expenses that TCOE will pay for directly, such as registration, airfare, hotel, rental car, etc.
  - i. Process requisition for a PO
    1. Need signed requisition
    2. Registration form
    3. Agenda
    4. Copy of approved OOC (copy only)
  - ii. Keep a copy of the PO to attach to the Conference Attendance Reimbursement form.
- b. For expenses the **employee** is going to pay for & will be reimbursed for, such as hotel/parking
  - i. Print out any purchase confirmations if registration is paid for online.
  - ii. Keep all original receipts from vendor (copies of checks are not a receipt).

## 3. While Traveling

- a. Note the Actual day & Actual time of departure & return.
- b. For Travel by car - note Starting Odometer & Ending Odometer
- c. Get itemized hotel receipt upon check out.
- d. Keep any travel receipts for parking, baggage fees, etc.
- e. Keep conference agenda.

## 4. Upon return from Travel

- a. Employee should complete **Section 7** of conference Attendance Reimbursement form.
  - i. Indicate **Actual** Date & Time of Departure & Return.
  - ii. Indicate **Actual** Odometer readings & mileage if you drove a vehicle – for both personal or district vehicle.
  - iii. Indicate costs that employee paid for out of pocket such as registration, Hotel, parking, & other misc. costs
- b. Attach copy of conference agenda & registration form to OOC
- c. Attach all **original receipts** for employee paid expenses.
- d. Attach *copies of any Purchase Orders for any TCOE paid expenses*.
- e. Sign & Certify expenses in Section 8
- f. Have Department Supervisor & Assistant Superintendent approve in Section 9 – Reimbursement Authorization.
- g. Turn in to Internal Business Services for reimbursement.
  - i. Please provide 2 copies if you wish for Accounts Payable to return a copy with our reimbursement check.