

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.

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:			Mileage:	@	=	Total
VENDOR NAME:	PO#	AMOUNT:	Registration			Lodging
2) LODGING:			# of Meals:			
HOTEL NAME:	PO#	AMOUNT:	Breakfast	@	\$10.00 =	
3) # of MEALS PROVIDED IN REGISTRATION, HOTEL, OR AIRFARE:			Lunch	@	\$15.00 =	
BREAKFAST	LUNCH	DINNER	Dinner	@	\$25.00 =	
4) OTHER EXPENSES: (SPECIFY):			Incidentals	@	\$6.00 =	
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 _____