

Workshop/Training/Conference Pre-Authorization & Reimbursement Form

Pre-Approval for all conferences required

Instructions: (Note: This form only works in Adobe Acrobat)

Attendee: Complete the Attendee and Event Information sections and click the Save button at the bottom of the form. Send the form to your supervisor for approval.

Supervisor: Approve attendance as appropriate, enter name, sign and click the Save button at the bottom of the form. Send the form to the attendee for Reimbursement Information after event.

Attendee: Complete the Attendee Reimbursement Claim after the event, sign and click the Save button at the bottom of the form. Send the form to your supervisor for approval with all necessary receipts.

Supervisor: Approve reimbursement, sign and click the Save button at the bottom of the form. Send the form with all necessary receipts to your fiscal specialist.

Attendee Information

Today's Date:

Name:

Event Information - Complete prior to event

Title:

Dates:

Location:

Estimated Costs

Registration:

Payment Method:

Lodging: # Days: x Cost per Night:

Payment Method:

Mileage x .76: Only when driving your own vehicle

Fleet Days x \$28: + Fleet Miles x .40:

Self Pay
Internal Cash Transfer

Meals: Estimate using table below

Estimated Meals: (When Overnight Stay Occurs) [Based on GSA](#)

Date	Breakfast	Lunch	Dinner	Meal Total

Est. Meal Total -->

Self Pay

Other:

Payment Method:

Supervisor Approval

Date:

Approved By:

Signature:

Estimate Total:

Attendee Reimbursement Claim - Complete after event for all out-of-pocket expenses **ONLY**

Itemized Meals: (When Overnight Stay Occurs) [Based on GSA](#)

REQUIRED Documentation: Original receipts, proof of attendance and GSA printout for conference locations.

Meals: (Use table to the left) Receipts not required for Per Diem Meals

Date	Breakfast	Lunch	Dinner	Meal Total

Mileage x .76

Reimbursement:

Name:

Mailing Address:

Work Location:

Phone:

☐ Mail check to address above ☐ Place check on desk (Main office ONLY)

Certificate of Claimant

I hereby certify that the above is a true statement of expenses incurred by me while on official business for the San Luis Obispo County Office of Education.

Signature:

Date:

Approved and Ordered Paid

Signature:

Date:

Fiscal Initials

Budget Code:

Budget Code

Budget Code

Amount:

Amount:

Amount:

99-9999-9-9999-9999-9999-9999-9999
Fund-Resource-Year-Goal-Func-Object-School-Mgmt-Unit

Vendor Number