## Liberty Union High School District Pre-Approval Request Conference/Travel

**OUT of STATE TRAVEL**Board Approval Date:

\*Include Board Approval with Request

Name:	Site:	Date of Req	uest:
Name of Conference: (attach flier)			
*Location:	Dates of Attendance: _		
Purpose:			_
	ESTIMATED EXPENSES:		
Conference Registration:			\$
	9 \$ /Per Night		\$
	ree Vehicle: # of miles vel: Provide flight preferences: (1) Airline (2) Airport Location	ns (3) Times	
Meals: # Breakfast (\$10) # Lunch (\$15) # Dinner (\$31) Total Cost:  ITEMIZED Receipts Required when submitting expense claim upon return, see below			\$
<b>Incidentals</b> : Parking, Tolls, E	Etc.		¢
ITEMIZED Receipts Required when submitting expense claim upon return, see below		\$	
Other:			\$
		TOTAL	\$
	Code:e approved, please forward to the Purch	hasing Agent at	the District Office
	and you will receive confirmation of		
<ul> <li>ALL ITEM</li> <li>WE DO NO purchases at</li> <li>2) Submit above to su</li> </ul>	D TRAVEL: Expense Claim to District Office (pleas IZED receipts must be attached as stat DT ACCEPT a credit card total copy; ind no alcohol is permitted.  pervisor within 3-5 days of your return out of State travel requires Board apde a copy of approved Board agenda item to the Purch	ted above (when the MUST have a manner.  The proval the	
Employee Signature		D	ate
Supervisor/Program Approval		D	ate