

A-M-A EDUCATIONAL SERVICE DISTRICT

Contracted Staff PRE-APPROVAL OF CONFERENCE/TRAVEL REQUEST

BUSINESS OFFICE USE ONLY – AMAESD INVOICE APPROVAL	
Signed: _____	
Account #: _____	

- INSTRUCTIONS:**
1. Complete all information listed below for the conference you wish to attend. If there are no expenses expected in a particular category, enter -0- for the estimated cost in the category. Pre-approval is required by state law.
 2. Sign and date your completed PRE-APPROVAL form and present to your supervisor for approval well in advance of conference.
 3. Upon returning from our conference, complete the separate form ACTUAL EXPENSES FROM CONFERENCE TRAVEL – Contracted Staff. Attach all supporting detailed receipts from conference (credit card slips will not be accepted) to the ACTUAL EXPENSES FROM CONFERENCE TRAVEL – Contracted Staff form.
 4. PCMI employees will be reimbursed through WillSub.

NAME: _____

NAME OF CONFERENCE: _____

DATE(S) OF TRAVEL: _____

TIME OF DEPARTURE: _____

ESTIMATED TIME OF RETURN: _____

LOCATION OF CONFERENCE: _____

A. REGISTRATION:

Registration Fee: \$ _____
(Attach registration form)

Make check Payable to: _____

Please mail payment with registration form.

Address: _____

ESTIMATED REGISTRATION COST: \$ _____

C. MEALS:

Number of bkfst: _____ X 8.00 = \$ _____

Number of lunches: _____ X 12.00 = \$ _____

Number of Dinners: _____ X 20.00 = \$ _____

ESTIMATED MEAL COST: \$ _____

****Meals will be reimbursed from actual expense form with receipts. Not to exceed the above amounts.**

E. OTHER EXPENSES:
(Please specify and estimate costs)

_____ \$ _____

_____ \$ _____

ESTIMATED OTHER EXPENSE COST: \$ _____

A. REGISTRATION:	\$ _____
B. LODGING:	\$ _____
C. MEALS:	\$ _____
D. TRANSPORTATION:	\$ _____
E. OTHER EXPENSES:	\$ _____
TOTAL ESTIMATED COST FOR CONFERENCE REQUEST (A+B+C+D+E):	\$ _____

B. LODGING:

Hotel Name: _____

Hotel Address: _____

Confirmation # _____

Cost per Night \$ _____ X number of Nights _____ =

ESTIMATED LODGING COSTS: \$ _____

****Lodging expenses will be reimbursed from actual expense form with receipt.**

D. TRANSPORTATION:

Staff car requested

_____ miles x \$.535 per mile = \$ _____

My car used – no staff car available \$ _____

_____ miles x \$.535* = _____

My car used (gas expense only) \$ _____

_____ miles ÷ 20 x _____
(Blarney Castle unleaded price)

ESTIMATED TRANSPORTATION COST: \$ _____

***At PCMI rate**

Applicant's Signature	Date
Supervisor's Signature	Date
Charge to Account # _____	
Superintendent's Signature	Date