

El Monte Union High School District Request to Attend Conference

Instructions and Guidelines:

- 1. Complete all sections of the form: including site approval.
- 2. All conferences should be in alignment with the District's Goals.
- 3. All requests must adhere to EMUHSD policies (click to view) <u>3350 AR</u> and <u>3350</u> BP.
- 4. All participants agree to adhere to the (click to view) <u>Travel and Conference</u> Manual.
- 5. A memorandum of rationale, signed by the requestor's supervisor, is required if this request requires ratification travel (not being submitted before the activity) or for out-of-state
- 6. Attach all supporting documentation for expense purposes
 - *e.g.,* conference flyer, agendas, transportation information or a MapQuest for mileage reimbursement estimation, lodging information
- 7. Send the completed form with all supporting documentation to the Office of Assessment, Accountability, and Family Engagement by the monthly due dates
- 8. Upon return from the conference:
 - Submit reimbursement forms in adherence to board policy. Forms are available at the following link: <u>Travel and Conference Reimbursements</u>

El Monte Union High School District Request to Attend a Conference

Conference and Approval Details

1.	Name of Conf	erence:							
2.	Location:			Date(s) of Conference:					
		(City)		State)			<u>-</u>		
3.	Purpose of Co	nference:							
4.	Is this a retroactive request? No Yes Is this an amendment request? No Yes #If yes, a memorandum of rationale is required. Yes #If yes, date of original board approval date & report #:								
	Purpose for ar	nendment:							
5.	Created by:	ed by: Date: Re			uested by:Dates:				
6.	Approvals:								
	rr	Signature of S	Site Administration	Date	Signat	ture of District	Program Director	_	Date
		Estimated Cost an	d Funding			L	ist of Attendees		
Al	lowable Expenses:	Amount per				Nam		Site	# of Subs
			<u>person</u>			<u>ivaiii</u>	<u></u>	3110	# 01 Jubs
	gistration asportation (flight, train,	persons @	=	<u> </u>					
etc.)		persons@	=	\$ -					
Mileage Lodging		persons@	= =	\$ <u>-</u>					
Meals _		persons@		\$ -					
Subsitutes _		persons@		<u>, </u>					
Other			<u> </u>						
		request, identify all travel a	lates:	<u> </u>					
	-								
		Estimate	ed Cost TOTAL:	\$ -					
Fui	nding Details								
Resource Name:			Loc/Subloc:	Amount:					
Resource Name:			Loc/Subloc:	Amount:					
Resource Name:			Loc/Subloc:	Amount:					
	source marrie.			200, 343.00.			_ /		
RATIONALE Total Allocated:								d:	
1. How will attending this conference provide training not available by the District?									-
2	Which cohoo	Lar District goal(a) a	loog this gotivity our	anart?					
2.	WHICH SCHOOL	I or District goal(s) o	ides this activity sup	pport?					
3.	How will info	mation from this co	nference be dissem	inated to other	staff m	embers?			
			DISTRIC	CT OFFICE USE ON	<u>ILY</u>				
			Signature		roved	Denied	Date		
Ass	st. Superintende	nt	-						_
Sui	perintendent*								
		oproval required for o	ut-of-statetravel.						-