

**CHINO VALLEY UNIFIED SCHOOL DISTRICT**  
**ASB/USB Conference Application**

Employee Name:	Today's Date:
Mailing Address:	School:
Name of Conference:	Conference Date(s):
Conference Vendor:	Conference Location:
Reason to Attend:	

☐ Check here if substitute is needed. List Date(s): \_\_\_\_\_

List Budget # for the Sub: \_\_\_\_\_

☐ Check here if Employee is to be reimbursed for expenses after the conference.

Expenses will be charged to: ASB/USB \_\_\_\_\_

Club Account Name

**\*\*ASB/USB funds CANNOT be used for Continuing Education Units (CEUs), donations, sponsorships or golf.\*\***

EXPENSE TYPE	Estimated Maximum Cost	NOTES
<b>Registration Fee</b> (Attach complete registration packet)		
<b>Meals</b> \$60 Max/Day (If <b>NOT</b> included as part of the conf.) (\$15/Breakfast; \$20/Lunch; \$25/Dinner)		
<b>Lodging Date(s):</b> _____ (Attach hotel rate confirmation)		
<b>Transportation</b> Airfare, Trainfare, Shuttle, Car, Rental, Parking		
<b>Mileage:</b> _____ (Mileage Rate \$0.575)		
Other Itemized		
<b>TOTAL:</b>	<b>\$</b>	

**\*\* All reimbursement requests must be accompanied with original itemized invoices/receipts\*\***

**Conference Application Check List:**

- ☐ Complete Conference Brochure/Registration Form
- ☐ Map of Mileage
- ☐ Original Itemized Invoices/Receipts (After Conference)

**\*\*All approval signatures required prior to submittal to Business Services\*\***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Activities Director/Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature of Business Services \_\_\_\_\_ Date \_\_\_\_\_