

**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:		
<input type="checkbox"/> Check here if substitute is needed. List Date(s): _____ <div style="text-align: center;">List Budget # for the Sub: _____</div> <input type="checkbox"/> Check here if Employee is to be reimbursed for expenses <u>after</u> the conference.		
Expenses will be charged to: ASB/USB _____		
Club Account Name		
<b>**ASB/USB funds <u>CANNOT</u> be used for Continuing Education Units (CEUs), donations, sponsorships or golf.**</b>		
<b>EXPENSE TYPE</b>	<b>Estimated Maximum Cost</b>	<b>NOTES</b>
<b>Registration Fee</b> <i>(Attach complete registration packet)</i>		
<b>Meals</b> \$60 Max/Day (If <b>NOT</b> included as part of the conf.) <i>(\$15/Breakfast; \$20/Lunch; \$25/Dinner)</i>		
<b>Lodging Date(s):</b> _____ <i>(Attach hotel rate confirmation)</i>		
<b>Transportation</b> Airfare, Trainfare, Shuttle, Car, Rental, Parking		
<b>Mileage:</b> _____ Miles x <b>\$0.670</b> , IRS Rates as of 1/1/24 (Please include map from site to event)		
Other Itemized		
<b>TOTAL:</b>	<b>\$</b>	
<b>** All reimbursement requests must be accompanied with original itemized invoices/receipts**</b>		
<b>Conference Application Check List:</b> <input type="checkbox"/> Complete Conference Brochure/Registration Form <input type="checkbox"/> Map of Mileage <input type="checkbox"/> Original Itemized Invoices/Receipts (After Conference)		
<b>**All approval signatures required prior to submittal to Business Services**</b>		
Signature of Applicant	Date	Signature of Activities Director/Coordinator
Signature of Principal	Date	Signature of Business Services Dept.
Signature of CIIS Superintendent or Asst. Supt.	Date	