

Roxana Community Unit School District #1
Request To Attend Meeting/Conference 2019-2020

Date Submitted: _____

Person Attending: _____

Name of Conference: _____

Date(s) of Conference: _____ **Location:** _____

Departure Date and Time: _____ **Is the person attending a member of the sponsoring organization?** Y N

Return Date and Time: _____

How does this conference relate to your position and implementation of the School improvement Plan?

Cost Requested of Roxana CUSD #1

Registration: (attach form and itinerary) _____

Substitute: rate \$100.00 per day) _____

Lodging: (\$100 Cap for Overnight \$175 Cap for Chicago/Out of State)
_____ nights @ _____ per night (including tax) _____

Travel: _____ **Van Requested Date** _____
_____ miles @ \$.555 per mile (only if a Roxana CUSD vehicle is not available) _____

Meals: (see meal allowance chart and subtract any meals provided with registration and/or lodging) _____

Total Cost Requested:

Division Coordinator/Building Principal _____ Date Account Code: _____

Assistant Superintendent _____ Date

Day Trip Rates (Metro/St. Louis Area):			Overnight Per Diem:		Chicago/Out of State Overnight Per Diem:	
reimbursed ONLY after <u>expense report</u> and <u>detailed receipts</u> are submitted			paid in advance by check		paid in advance by check	
Breakfast:	(if departing before 6:30 AM)	\$10.00	Breakfast:	\$10.00	Breakfast:	\$20.00
Lunch:		\$10.00	Lunch:	\$10.00	Lunch:	\$20.00
Dinner:	(if traveling after 6:30 PM)	\$20.00	Dinner:	\$20.00	Dinner:	\$35.00
Total:		\$40.00	Total:	\$40.00	Total:	\$75.00

Your request has been: **APPROVED** **DENIED** Date _____