

West Contra Costa Unified School District

APPLICATION TO ATTEND AN EDUCATIONAL EVENT

Requester Name	Site / Department	Application Date																													
Date of Event	Name of Event																														
Location of Event		State																													
Instructions: 9One application per conference / event 9Submit at 6 - 8 weeks prior to date of event 9Attach event flyer with completed application 9Send completed application to your Immediate Supervisor 9Conference Object Code's are: In State 5220 Out of State 5225 Approved copy will be returned to originator. This form along with conference backup must be submitted with reimbursement claim forms.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Check if Needed</th> <th style="text-align: center;">Requisition Number</th> <th style="text-align: center;">Cost Per Person</th> <th style="text-align: center;">Quantity Attending</th> <th style="text-align: center;">Total Cost</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Registration</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Flight</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Hotel</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Reimbursement</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td colspan="4" style="text-align: right;">Total Cost</td> <td style="border-bottom: 3px double black;"></td> </tr> </tbody> </table>	Check if Needed	Requisition Number	Cost Per Person	Quantity Attending	Total Cost	<input type="checkbox"/> Registration					<input type="checkbox"/> Flight					<input type="checkbox"/> Hotel					<input type="checkbox"/> Reimbursement					Total Cost				
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Total Cost																															

Name (s) of Attendees	Attach additional pages if necessary
Conference Account	
Conference Account	
Conference Account	
Conference Account	

Z κ μ • š Œ I employee Signature _____	Date: _____
Site/Dept Signature _____	Date: _____
Administrative Signature (Exec. Dir, Ass ist ant etc.) _____	Date: _____
Superintendent Signature (required for Out-of-State travel) _____	Date: _____

CATEGORICALLY FUNDED EDUCATIONAL EVENTS

** SCHOOL SITES **

SPSA#JUSTIF->BDCCATION

If using categorical funds you must enter your School Site Plan for Student Achievement (SPSA) justification the space provided and get an authorizing signature from CISS.

CISS Signature _____ (Categorical and Instructional Support Services)	Date: _____
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