

# 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

<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>✓ One application per conference / event</li> <li>✓ Submit at 6 - 8 weeks prior to date of event</li> <li>✓ Attach event flyer with completed application</li> <li>✓ Send completed application to your Immediate Supervisor</li> <li>✓ Conference Object Code's are:                  In State 5220                  Out of State 5225</li> </ul> <p style="color: red; font-weight: bold;">FYI - KEEP A COPY....</p> <p>Approved copy will be returned to originator.              This form along with conference backup must be submitted with reimbursement claim forms.</p>	<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>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Flight</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Hotel</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Reimbursement</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>Total Cost</b></td> <td>_____</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	_____	_____	_____	_____	<b>Total Cost</b>				_____
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<input type="checkbox"/> Reimbursement	_____	_____	_____	_____																											
<b>Total Cost</b>				_____																											

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

Requester/Employee Signature _____	Date: _____
Site/Dept Signature _____	Date: _____
Administrative Signature <i>(Exec. Dir, Asst. Supt. etc.)</i> _____	Date: _____
Superintendent Signature <i>(required for Out-of-State travel)</i> _____	Date: _____

### CATEGORICALLY FUNDED EDUCATIONAL EVENTS

<p><b>** SCHOOL SITES **</b></p> <p>If using categorical funds you must enter your School Site Plan for Student Achievement (SPSA) justification in the space provided and get an authorizing signature from CISS.</p>	<p>SPSA JUSTIFICATION</p>
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CISS Signature _____	Date: _____
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*(Categorical and Instructional Support Services)*