

SHORELINE UNIFIED SCHOOL DISTRICT

P.O. BOX 198

TOMALES, CALIFORNIA 94971-0198

CONFERENCE / WORKSHOP / INSERVICE TRAINING REQUEST

Date _____

Requested by name _____

☐ Conference ☐ Workshop ☐ Inservice ☐ Other: _____

Title of Activity _____

Date(s) _____ Place _____

Employee Absent ☐ Yes ☐ No # of Day(s) _____ Date(s) _____

Departure Time & Date _____ Return Time & Date _____

Substitute Needed ☐ Yes ☐ No Number of Day(s) _____

ESTIMATED COST

Registration Fee \$ _____

** Will registration fee be prepaid by district? Yes ☐ No ☐
If YES, attach a purchase order

Accommodations \$ _____

** Will accommodations be prepaid by district? Yes ☐ No ☐
If YES, attach a purchase order

Travel \$ _____

Air ☐ Private Auto ☐ Other ☐ District Vehicle ☐
(Submit request to Transportation Dept.)

Per Diem (see AR 4133 for allowable expenses)

TOTAL ESTIMATED COST \$ _____

Principal _____ Date _____

Superintendent _____ Approved ☐ Disapproved ☐

FUND	RES	YR	OBJECT	SUB OB	GOAL	FUNC	SCHL	DD1	DD2
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