



REQUISITION NUMBER:	PURCHASE ORDER NO:	VENDOR NUMBER:	DATE:
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CONFERENCE ATTENDANCE REQUEST and EXPENSE VOUCHER FORM

NAME _____ POSITION _____ BUILDING _____

Name of Conference _____ Place of Meeting _____

Date(s) of requested leave _____ Purpose for attending _____

Will a substitute be needed? Yes ___ No ___ Acct.# _____

X-REF FUND FUNC OBJ SPCC SUBJ LOC IL JOB

NOTE: Conference participants must report their absence for the above date(s) to the district Absence Reporting System.

Expense Reimbursement Requested? Yes ___ No ___ Acct.# _____
(If yes, complete Expense Voucher below)

X-REF FUND FUNC OBJ SPCC SUBJ LOC IL JOB

Signature of Applicant (required)

Date

Signature of Appropriate Director/Superintendent

Signature of Principal/Program Supervisor

Date

EXPENSE VOUCHER

COMPLETE PRIOR TO TRIP	Estimate	COMPLETE AFTER TRIP (Actual Expenses)					
ITEMS NOT COVERED - Alcohol, Laundry, Dry Cleaning, Entertainment of Any Kind, Books or Publications.		Date	Date	Date	Date	Date	Total
MEALS - (Per board policy) Attach original detailed receipts.							
TRANSPORTATION - Air, Train, Car (Mileage per board policy), Parking Fees. If other than car, attach original receipts							
HOTEL/MOTEL - Charges for Employee Only. List daily charges and attach original receipts.							
REGISTRATION FEE - Memberships not reimbursed. Attach original receipt.							
TURNPIKE-PARKING-CAR RENTAL, etc. - Attach original detailed receipts.							
MISCELLANEOUS EXPENSE - Telephone, Postage, etc. (Itemize under Additional Comments) Attach detailed original receipts.							
ESTIMATED TOTAL EXPENSES							
DAILY TOTALS:							

ADDITIONAL COMMENTS _____

SIGNATURES AFTER ACTUAL EXPENSES ARE INCURRED.

ROUTING/INSTRUCTIONS

- Prior to trip: Attendee to complete and sign shaded area and forward form to authorizing office for approval.
- After trip: Attendee to complete form with actual expenses, return form to authorizing office for final approval with backup documentation.

Signature of Payee

Signature of Principal or Program Supervisor

Approved by Director/Superintendent

DISTRIBUTION BY PROGRAM SUPERVISOR AFTER CONFERENCE:

White copy: Finance Office

Yellow copy: Appropriate Director/Superintendent Office