

A-M-A EDUCATIONAL SERVICE DISTRICT

PRE-APPROVAL

OF CONFERENCE/TRAVEL REQUEST

BUSINESS OFFICE USE ONLY – AMAESD INVOICE APPROVAL	
Signed: _____	
Account #: _____	

INSTRUCTIONS:

1. Complete all information listed below for the conference you wish to attend. If there are no expenses expected in a particular category, enter -0- for the estimated cost in the category. Pre-approval is required by state law.
2. Sign and date your completed PRE-APPROVAL form and present to your supervisor for approval well in advance of conference.
3. Upon returning from our conference, complete the separate form ACTUAL EXPENSES FROM CONFERENCE TRAVEL. Attach all supporting detailed receipts from conference (credit card slips will not be accepted) to the ACTUAL EXPENSES FROM CONFERENCE TRAVEL form.

NAME: _____

NAME OF CONFERENCE: _____

DATE(S) OF TRAVEL: _____

TIME OF DEPARTURE: _____

ESTIMATED TIME OF RETURN: _____

LOCATION OF CONFERENCE: _____

A. REGISTRATION:

Registration Fee: \$ _____
(Attach registration form)

Make check Payable to: _____

Please mail payment with registration form.
 Address: _____

I have faxed or called in registration.

I would like to use purchase card.

ESTIMATED REGISTRATION COST: \$ _____

B. LODGING:

Hotel Name: _____

Hotel Address: _____

Confirmation # _____

Direct Billing Arranged: Yes No

Purchase Card: Yes No

Hand Carry Check: Yes No

Cost per Night \$ _____ X number of Nights _____ =

ESTIMATED LODGING COSTS: \$ _____

C. MEALS:

Number of bkfst: _____ X 8.00 = \$ _____

Number of lunches: _____ X 12.00 = \$ _____

Number of Dinners: _____ x 20.00 = \$ _____

ESTIMATED MEAL COST: \$ _____

D. TRANSPORTATION:

Staff car _____ miles x \$.555/mile = \$ _____

My car used (gas expense only)
 _____ miles ÷ 20 x _____ \$ _____
(Blarney Castle unleaded price)

My car used (no staff car available)
 _____ miles x \$.555/mile = \$ _____

ESTIMATED TRANSPORTATION COST: \$ _____

E. OTHER EXPENSES:
(Please specify and estimate costs)

_____ \$ _____

_____ \$ _____

_____ \$ _____

ESTIMATED OTHER EXPENSE COST: \$ _____

A. REGISTRATION:	\$ _____
B. LODGING:	\$ _____
C. MEALS:	\$ _____
D. TRANSPORTATION:	\$ _____
E. OTHER EXPENSES:	\$ _____
TOTAL ESTIMATED COST FOR CONFERENCE REQUEST (A+B+C+D+E):	\$ _____

Applicant's Signature _____	Date _____
Supervisor's Signature _____	Date _____
Charge to Account # _____	
Board of Education Approval _____	Date _____