

**RED BLUFF JOINT UNION HIGH SCHOOL DISTRICT**  
**Conference, Expense & Substitute Request Form**

Name \_\_\_\_\_ Work Site \_\_\_\_\_ Date \_\_\_\_\_

**SECTION A: CONFERENCE REQUEST** *Travel requests must have prior approval.*

Is the district **requiring** you to attend this conference?  Yes  No  
Are you expecting professional growth units?  Yes  No  
Are you expecting compensation for attending this conference?  Yes  No

|                                |            |            |
|--------------------------------|------------|------------|
| Conference Name/Location _____ |            |            |
| Reason for Conference _____    |            |            |
| Names of Other Attendees _____ |            |            |
| Preferred Departure:           | Date _____ | Time _____ |
| Preferred Return:              | Date _____ | Time _____ |

**SECTION B: ESTIMATED EXPENSE REQUEST**

*If using District funds, Section B must be completed, and airfare, and lodging must be booked by District Office.*

|   |                       |                                     |
|---|-----------------------|-------------------------------------|
| Registration Cost (attach registration form): _____               | Confirmation #: _____ | \$ _____                            |
| Lodging: Preferred Location: _____                                |                       | \$ _____                            |
| If sharing a room, name of roommate: _____                        |                       |                                     |
| Check in/Check Out _____  |                       |                                     |
| Meals:  |                       |                                     |
| Breakfast: # of days X \$ _____                                   | = \$ _____            |                                     |
| Lunch: # of days X \$ _____                                       | = \$ _____            |                                     |
| Dinner: # of days X \$ _____                                      | = \$ _____            |                                     |
|   |                       | Total Meal Cost: \$ _____           |
| Transportation:   |                       |                                     |
| Budget Code _____   | Program _____         |                                     |
| Private vehicle: _____ miles X _____ /mile =                      | \$ _____              |                                     |
| Cab Fare: _____   | \$ _____              |                                     |
| Airfare: _____  | \$ _____              |                                     |
| District Van <input type="checkbox"/> _____ miles x \$1.00/mile = | \$ _____              |                                     |
|   |                       | Total Transportation Cost: \$ _____ |

Required for air travel only:

Legal name \_\_\_\_\_

Date of birth \_\_\_\_\_

Cell phone number \_\_\_\_\_  
(for flight change notifications)

Requested advance (if necessary): \$ \_\_\_\_\_ **Total Estimated Expenses:** \$ \_\_\_\_\_

**SECTION C: SUBSTITUTE TEACHER REQUEST**

|                                |  |
|--------------------------------|--|
| Full Day Dates _____           | Period Coverage Dates/Number of Periods _____  |
| Frontline Confirmation # _____ | Total Sub Cost \$ _____ (\$200/day or \$25/pd) |

**SECTION D: BUDGET INFORMATION**

|                                      |                         |
|--------------------------------------|-------------------------|
| Budget Code _____                    | Program to Charge _____ |
| Signature of Person Requesting _____ | Date _____              |
| Signature of Department Chair _____  | Date _____              |
| Signature of Principal _____         | Date _____              |
| Signature of Superintendent _____    | Date _____              |