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

Instructions:

9 One application per conference / event

9 Submit at 6 - 8 weeks prior to date of event

9 Attach event flyer with completed application

9 Send completed application to your Immediate Supervisor

9 Conference Object Code's are:

   In State 5220

   Out of State 5225

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Approved copy will be returned to originator.

This form along with conference backup must be

submitted with reimbursement claim forms.

Check if Needed	Requisition Number	Cost Per Person	Quantity Attending	Total Cost
☐ Registration				
☐ Flight				
☐ Hotel				
☐ Reimbursement				
			Total Cost	

Name (s) of Attendees — Attach additional pages if necessary

Name (s) of Attendees		
	Conference Account	
	Conference Account	
	Conference Account	
	Conference Account	

Z ‹ µ • š Œ l mployee Signature   Date: _____

Site/Dept Signature _____ Date: _____

Administrative Signature _____ Date: _____
(Exec. Dir, Asst Supt etc.)

Superintendent Signature _____ Date: _____
(required for Out-of-State travel)

CATEGORICALLY FUNDED EDUCATIONAL EVENTS

** SCHOOL SITES **

SPSA JUSTIF>BDCCATION

If using categorical funds you must enter your School Site Plan for Student Achievement (SPSA) justifica
the space provided and get an authorizing signature from CISS.

CISS Signature _____ Date: _____
(Cat gorical and Instructional Support Services)