



CONFERENCE, TRAVEL & TUITION REIMBURSEMENT REQUEST

Form 514.44.01 REVISED July 1, 2011

Department/Station: _____	Employee Name: _____
Course/Conference: _____	
Sponsor/School: _____	
Destination: _____	District Vehicle: <input type="checkbox"/> OR POV: <input type="checkbox"/>
Date(s) of Course/Conf: _____	District MasterCard Requested: <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Travel/Departure: _____	Date of Travel/Return: _____

CONFERENCE/TRAVEL				(Pre)	(Post)	DISTRICT	REQUESTED
TYPE				REQUESTED Amt.	ACTUAL Amt.	CARD USED	DISTRICT CHECK
Registration Fee (496)				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Per Diem (435)	Lodging	Hotel % Tax	days @ \$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Breakfast		days @ \$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Lunch		days @ \$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Dinner		days @ \$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Incidental		days @ \$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Transportation (434)	Mileage/POV		miles @ \$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Air Fare			\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Rental Car		days @ \$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	Taxi, Bus, Shuttle			\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous Charges				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL AMOUNT OF CONFERENCE/TRAVEL REQUEST				\$	\$		

TUITION REIMBURSEMENT				(Pre)	(Post)	EMPLOYEE	REQUESTED
TYPE				REQUESTED Amt.	ACTUAL Amt.	ID NUMBER	DISTRICT CHECK
Total Number of Credits							
		Quarter <input type="checkbox"/>	Semester <input type="checkbox"/>				
Tuition		496 <input type="checkbox"/>	499 <input type="checkbox"/>	\$	\$		<input type="checkbox"/>
Books (Total \$)				\$	\$		<input type="checkbox"/>
TOTAL AMOUNT OF TUITION REQUEST				\$	\$		

PREPARE CHECKS AS FOLLOWS:			
DATE REQUIRED	PAYEE	DELIVER TO	AMOUNT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

By signing below, I certify that I have submitted no prior request(s) for payment of this expense, nor will it be claimed from any other source.

X Signature of Employee: _____ Date: _____ Relief Requested? YES _____ (# of shifts) NO

OFFICE USE ONLY					
Supervisor:		Date:	Granted? <input type="checkbox"/> YES _____ (# of shifts) <input type="checkbox"/> NO		
BC/Deputy Chief:		Date:	Cost Center:		
Training Chief:		Date:			
Fire Chief/Board Chair:		Date:			
Hold for Reimbursement <input type="checkbox"/>	Reimburse <input type="checkbox"/>	Registration Submitted <input type="checkbox"/>	Submit Registration <input type="checkbox"/>	EDP Filed <input type="checkbox"/>	Reimb. Agreement Filed <input type="checkbox"/>