DELANO JOINT UNION HIGH SCHOOL DISTRICT
REQUEST FOR CONFERENCE AND/OR SUBSTITUTE

Oscar Luna	1912	1/_	DATE	31-Aug-18	
Student Discipline De	partment		BECEFVE'S	D SEP - 4 2018	
Aeris Con Workshop	enee		SEP 0 6 2018		
Sacramento, CA		PU	IRCHASIN	G	
IME Oct.	7, 2018 R	eturn da'	TE & TIME	Oct. <b>9</b> : 2018	
x NO	Y.	ES	2 DAYS	HOURS	
estimated expenses b	e paid by the	e District:			
245 x 2 miles @.545	\$267.05 \$0.00 \$0.00 \$75.00	1/	Meals Hotel/Motel Conf Fee TOTAL EXP	\$30.00   9   2   0 \$426.40   9   2   9 \$525.00 \$1,423.45	
- 8			/ / /		
	Date	Sigha	ature of Principa	al/Supe Date	
	N/A			797	
() Ho	Q-0000-	0-5200	01 00-1110-3136	0-002-00-555-chac	
tion of funds:					
val					
way requires Board ap	proval and m	ust be subm	nitted SIX (6) WE	EKS in advance.	
See Business Office Procedure Manual for complete details regarding travel and reimbursement guidelines. An approved copy of the request will be returned to each applicant and one to the Buisness Office.					
	Student Discipline De  Aeris Con Workshop  Sacramento, CA  IME  Oct.  x  NO  estimated expenses b  All day @\$25.00  All day @\$25.00  filled out for each attender to the date of travel.  al.  dure Manual for complete the complete of the date of travel.  al.  dure Manual for complete the comp	Student Discipline Department  Aeris Con Workshop  Sacramento, CA  IME  Oct. 7, 2018  x NO  Y  estimated expenses be paid by the \$267.05 \$0.00 \$0.00 \$0.00 \$0.00 \$75.00  N/A  Way requires Board approval and me filled out for each attendee. Request or to the date of travel. Extra time should all.  dure Manual for complete details regular and me for the date of travel. Extra time should be all.	Student Discipline Department  Conference  Aeris Con Workshop  Sacramento, CA  IME  Oct. 7, 2013  RETURN DA  x NO YES  estimated expenses be paid by the District:  425 x 2 miles @ 545  \$267.05  \$0.00  \$0.00  \$0.00  \$75.00  N/A  Way requires Board approval and must be submedial.  way requires Board approval and must be allowed allowed and the request will be returned to each approval of the request will be returned to each app	Student Discipline Department  Aeris Con Workshop  SEP 0 6 2018  Sacramento, CA  PURCHASIN  IME  Oct. 7, 2018  RETURN DATE & TIME  x NO YES 2 DAYS  estimated expenses be paid by the District:  90.00  \$0.00  \$0.00  Conf Fee  TOTAL EXP  8.31.18  Date  Signature of Principal  N/A  way requires Board approval and must be submitted SIX (6) WE  filled out for each attendee. Requests should be on file in the Super to the date of travel. Extra time should be allowed for conference al.  dure Manual for complete details regarding travel and reimburser	

## DELANO JOINT UNION HIGH SCHOOL DISTRICT REQUIRES BOARD APPROVAL

NAME Nagib Obeid	11700	DATE 19/	4/2018				
DEPT/PROGRAM	Administration / Aeries	PURCHASING R					
CONFERENCE MTG	Fall 2018 Aeriescon: Routes to Student Success						
DESTINATION	Sacramento Convention Center, 1400 "J" Street, Sacramento, CA, 95814						
DEPARTURE DATE & TIME 10/7/18 at 5:00 pm RETURN DATE & TIME 10/9/18 at 9:00 PM							
PURPOSE:	Training on how to enhance school use of Aeries						
SUBSTITUTE NEEDS:	xNO	YES 2 DA	AYSHOURS				
I request the following estimated expenses be paid by the District:							
Mileage Air Travel Taxi/Bus Other		Meals  0.00 Hotel/Mote  0.00 Conf Fee TOTAL EX	19(2(8) \$625.00				
Signature of Applicant	9/4// Date	Signature of Prince	ipal/Supervisor Date				
Substitute charged to:			1 aclams				
Mileage charged to:	OI-GO	75-8-5200:00 - 1110-1000	-000-10-35-0400				
Business Office verification	on of funds:	.02	AMAS				
Superintendent's approval							
Travel over 120 miles one way requires Board approval and must be submitted <b>SIX (6) WEEKS</b> in advance.							

Individual forms must be filled out for each attendee. Requests should be on file in the Superintendent's office at least 10 days prior to the date of travel. Extra time should be allowed for conferences requirirng Board of Trustees approval.

See Business Office Procedure Manual for complete details regarding travel and reimbursement guidelines. An approved copy of the request will be returned to each applicant and one to the Buisness Office.

## DELANO JOINT UNION HIGH SCHOOL DISTRICT REQUEST FOR CONFERENCE AND/OR SUBSTITUTE SEP 0 6 2018 9/4/2018 APPROVAL

NAME JESSE FLORE	is .	100	BATE		9/4/2018
DEPT/PROGRAM	CCHS ADM	INISTRATION	PURCHASII	<b>VG</b> RECEIVE	D SEP - 4 2018
CONFERENCE MTG	FALL 2018 A	AIRIESCON: ROU	JTE TO STUDENT SUCC	ESS TRAINING	
DESTINATION	SACRAMEN	ITO CONVENTIO	ON CENTER		****
DEPARTURE DATE &	ГІМЕ <u>10/</u>	7/18 8AM	RETURN DATE & TIN	ME <u>10/9/1</u>	8 12PM
SUBSTITUTE NEEDS:	X	NO	YES	DAYS	HOURS
PURPOSE:	ATTEND FA	LL 2018 AIRIES	TRAINING		
I request the following	; estimated ex	penses be paid b	y the District:		
Mileage Air Travel Taxi/Bus Other		CARPOOL	Meals Hotel/I Conf Fe TOTAL	Motel \$ se \$ EXP \$	94.00 527.60   9 1269 625.00   191263 1,244.60
Signature of Applicant		9 - 4 - 18 Date		Principal/Superv	z. Date
Substitute charged to:					U
Mileage charged to:		1401-4	035-8-5200.0	0-1110-213	30-007-d
Business Office verifica	ation of funds				· 7
Superintendent's appro	oval				
Travel over 120 miles o	one way requi	res Board approv	val and must be submitt	ed SIX (6) WEEK	S in advance.
Individual forms must be	e filled out for e	each attendee. Rec	quests should be on file in be allowed for conferenc	the Superintende	nt's office at

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## DELANO JOINT UNION HIGH SCHOOL DISTRICT REQUEST FOR CONFERENCE AND/OR SUBSTITUTE

REQUIRES BOARD APPROVAL

NAME Ernesto More	no 19126	$\delta$		CEIVE	1/2018	Approva
DEPT/PROGRAM	Administration		HE	0010	RECEIVED	SEP - 4 2018
CONFERENCE MTG	Aeries Con Worksh	op	SE	P 0 6 2010		
DESTINATION	1400 "J" Street, Sac	ramento, CA 9:	5814 PUR	CHASIN	<u>u</u>	
DEPARTURE DATE & T				TE & TIME	10/9/2018	@ 7pm
SUBSTITUTE NEEDS:	xN	OY	/ES		YS	HOURS
I request the following e	estimated expenses be p					
Mileage	490	\$276.85	67.05	Meals		\$30.00
Air Travel		\$0.00		Hotel/Motel	191261	\$426.40
Taxi/Bus		\$0.00		Conf Fee	191262	\$525.00
Other	\$25 per day	\$75.00	1/	TOTAL EX	P	\$1,333.25
GA	No	8-31-18	ace	with I	13/3	1/18
Signature of Applicant		Date	Sign	nature of Princ	ipal/Superviso	Date
Substitute charged to:						
Mileage charged to:	ΛH	01-4035	-8-52	00.00 -1110-	2130 002	8
Business Office verificat	tion of funds:			.02		
Superintendent's approva	al			4		
Travel over 120 miles	one way requires Boa	rd approval and	l must be su	bmitted SIX (	6) WEEKS in a	advance.

Individual forms must be filled out for each attendee. Requests should be on file in the Superintendent's office at least 10 days prior to the date of travel. Extra time should be allowed for conferences requiring Board of Trustees approval.

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