ONTARIO-MONTCLAIR SCHOOL DISTRICT REQUEST TO ATTEND

Site/Department			
Name			
Subject/Grade Level or Position			
Event Title			
Date(s)			
Location			
Justification (Briefly explain reason	for attending the event)		
00 00 00 00 00 00 00 00 00 00 00 00 00	00 00 00 00 00 00 00 00 00 00 00 00 00	0 00 00 00 00 00 00 00 00 00 00	00 00 00 00 00 00 00 00 00 00 00 00 00
Substitute needed? ☐ Yes ☐	No *Will you	u be traveling out	of state?
	•	· ·	
☐ Full-day Substitute	☐ 1/ 2 -day AM or PM (circl	e one)	
Full-day Substitute	00 00 00 00 00 00 00 00 00 00 00 00 00	0 00 00 00 00 00 00 00 00 00 00	00 00 00 00 00 00 00 00 00 00 00 00 00
Account Line 1			\$ / %
Account Line 1			
Account Line 2			\$ / %
			4,,,,
	REQUEST	ED BUDGET ES	TIMATES
	Account Line 1	1	Account Line 2
Registration Fee		1	
Substitute Expense		1	
•	1		
Flight			
Transportation			
Meals /			
Lodging # of nights			
Other		1	
TOTAL FUNDS			
NOTE: The requested budget must align	with Regulation 3350: Travel Expen	ses	
Requestor's Signature			Date
00 00 00 00 00 00 00 00 00 00 00 00 00	00 00 00 00 00 00 00 00 00 00 00 00 00	0 00 00 00 00 00 00 00 00 00 00	00 00 00 00 00 00 00 00 00 00 00 00 00
☐ This request is APPROVED	☐ This request is DENIED	- Reason	
I hereby certify the attendee is an emplo	vee of the Ontario-Montclair School	District and the expens	es to be incurred represent legal
charges of said district.	yee of the Chane Mentelan Concer	biotriot, and the expens	so to be induited reprocent legal
Name of Supervisor		Signature	 Date
		g	2 3.13
Approved by District Office (Assistant Sup	erintendent)	Signature	Date
*Out of State Approval (Superintendent or Designee)		Signature	 Date

All reimbursement forms, itemized receipts, conference brochure, and other supporting documentation must be submitted to the Accounting Department no later than the calendar month following the date the expenses were incurred.