

ONTARIO-MONTCLAIR SCHOOL DISTRICT

TIF - REQUEST TO ATTEND CONFERENCE/WORKSHOP/MEETING

Site/Department _____ Subject/Grade or Position _____

Title of Event _____

Date(s) _____

Location _____

Justification (Briefly explain reason for attending the event) _____

Requestor's Signature _____ Date _____

Full Day Substitute

1/ 2 Day A.M.
(3 Hours 15 Minutes)

1/ 2 Day P.M.

(3 Hours 15 Minutes)

Primary

Secondary

Budget _____

Budget _____

	REQUESTED BUDGET		AUTHORIZED BUDGET	
	Primary	Secondary	Primary	Secondary
Registration Fee	\$ _____ /	_____	\$ _____ /	_____
Substitute Expense \$_____ x Days	\$ _____ /	_____	\$ _____ /	_____
Transportation Flight	\$ _____ /	_____	\$ _____ /	_____
Transportation (car rental / mileage)	\$ _____ /	_____	\$ _____ /	_____
Meals _____ # of meals	\$ _____ /	_____	\$ _____ /	_____
Lodging _____ # of nights	\$ _____ /	_____	\$ _____ /	_____
Other _____	\$ _____ /	_____	\$ _____ /	_____
TOTAL FUNDS	_____ /	_____	\$ _____ /	_____

NOTE: Send all reimbursement forms, receipts, conference brochure and other back-up information to Accounts Payable (Butan 5 working days after conference/workshop to receive authorized reimbursement. If approved through ~~Teacher Initiated Funds (TIF)~~, return to Veronica Bucheli/Anabel Herrera, Learning and Teaching.

This request is APPROVED

This request is DENIED

Reason _____

Name of Supervisor

Signature

Date

Approved by District Office

Signature

Date

Out of State Reviewed
Superintendent or Designee

Signature

Out of State Approval:

Dr. James Q. Hammond
Superintendent

Signature

ROUTE COPIES FOR APPROVAL TO FUNDING SOURCES

Revised 12/2020