Office of John G. Mendiburu, Ed.D.
Kern County Superintendent of Schools

APPROVAL TO ATTEND EDUCATIONAL ACTIVITY

_____Per Diem
_____Actual & Necessary

Requested by:

Name	Position	Date
Conference or Meeting	Location	Days to be Claimed
Date and Time of Departure	Date and Time of First Meeting	Date and Time of Return

Type of Transportation - Reason (Carpools indicate name of driver or passenger)

Purpose (List courses or workshops by name):

Instructions:

1. Prepare in triplicate (one copy to claimant, one copy to Division Administrator, one copy attached to Reimbursement Claim).
2. Give an oral or written report as directed.
3. Submit a claim for necessary expenses including meals, lodging, registration fees and travel.

Approval:

On Site Supervisor	Date
Administrator/Director	Date
Assistant Superintendent	Date