

Encumbrance # _____

Reference # _____

REQUEST FOR CONFERENCE OR ACTIVITY ATTENDANCE

Directions: Submit to President or Division Head. **Attach conference or activity program, announcement, or other descriptive document.** Retain a copy for your record.

1. Name of Employee _____ Employee Number _____
 Job Title _____ College or Division _____

2. Name of Conference or Activity _____

3. Sponsoring Agency _____

4. Conference/Activity Location: City _____ State _____

5. Conference/Activity Schedule: Opening Date _____ Closing Date _____

6. Dates on which employee will be traveling and attending conference or activity (include weekends and holidays):
 Beginning Date _____ Ending Date _____

7. Will paid substitute be required Yes _____ No X

8. Purposes and anticipated value to the District which will be derived from attendance:

9. Indicate additional assignments: Title NA Location _____
 Will paid substitute be required? Yes _____ No X

10. Estimate amount of expense requested:
 Transportation \$ _____ Hotels & Meals \$ _____ Registration Fee \$ _____ Incidentals \$ _____ TOTAL \$ _____

11. Signature of Applicant: _____ Date _____

12. Signature of Department Chair/Supervisor _____ Date _____

13. This section to be completed by College President or Division Head:
 a. Refer to Chancellor b. General Funds
 Rejected Special Funds
 Account # _____

Fund #	G/L #	Fund Center

 c. Amount of Conference expense recommended \$ _____

 President or Division Head _____ Date _____

14. This section to be completed by Chancellor or President/Division Head:
 Recommended with expenses recommended in item #12
 Not Recommended

 President or /Division Head _____ Date _____

Enc. Amount _____		
Account _____		
Fund #	G/L #	Fund Center
CFA _____	Date _____	

NOTE

RECEIPTS ARE DUE (2) WEEKS AFTER CONFERENCE ALONG WITH THE TRAVEL EPENSE CLAIM FORM

_____ Processing Date