

COAST COMMUNITY COLLEGE DISTRICT CONFERENCE AUTHORIZATION REQUEST

Name				
	First Name	Middle Initial	Last Name	
Job Title			Employee ID#	
Phone:			Ext.	
Site:	CCC	District	GWC	OCC

Job Classification

Academic-CFE	Classified-CFCP	Part Time - CCA	Trustee	Other
Management	Confidential			

Conference/Activity Information

Name of Conference				
No Abbreviations				
Location			Duty Days	
City/State/Country				
Conference Attendance Date(s)			Substitute Requested	
Beginning Date		Ending Date	Yes/No	
Travel Dates				
Actual date(s) including travel dates.				
Purpose of Trip				

Conference & Travel Pre-Approval Request/Budget

Flight	Mileage	Meals	Lodging
Rental Car	Rental Car Insurance	Registration	Other Allowable Expenses

Comments:

Budget Information (Indicate Budget Number(s) from one or more sources):

Budget Number	Amount	Source of Funds
	\$	
	\$	
	\$	
	\$	

Approval Signatures

Originator/Traveler	Signature	Date
<i>Originator has read and understands BP/AP 7400 and the Travel Guidelines</i>		
Supervisor		
College President/Chancellor (or designee)		