

Site/College
First Initial
Last Name
Conference Name and Year

Academic Senate-CFE and Part Time CFE: College PDI/IPD Office oversees funding. Max is \$1,600
Part-time-CCA <7.5 LHE: District Coast CCA office oversees funding. Max is \$2,800

Conference Authorization Request

Coast Community College District

Entry Date _____

Control Number _____

Name

First Name _____ Middle Initial _____ Last Name _____

Job Classification

- Academic-CFE Management
- Part Time-CCA Other
- Classified-UFCE Student
- Confidential Supervisor
- Part Time-CFE Trustee

Job Title _____ Employee ID#: _____

Phone: _____ Ext. _____

Site CCC District GWC OCC

CONFERENCE INFORMATION

Name of Conference

No Abbreviations

Location

City/State/Country _____

Duty Days _____

Conference Attendance Date(s)

Beginning Date _____ Ending Date _____

Substitute Requested _____
Yes/No

Travel Dates

Actual date(s) including travel dates.

Purpose of Trip

REIMBURSEMENT INFORMATION

Reimbursement Request for:

- Air Coach Registration
- Mileage Amount: \$ _____
- Food Regist. Deadline Date: _____ / _____
- Lodging
- Rental Car Other allowable expenses
- Rental Car Insurance

Total reimbursement not to exceed \$ _____

Comments: _____

BOARD INFORMATION

Is this Request a revision of a previously approved Request?
 Yes No

If a revision, what was the previous Board/Administrative

Approval Date?

Reason

Office Use Only: _____ Transmittal Date: ____ / ____ / ____

Board Approval Date: ____ / ____ / ____ Admin. Approval Date: ____ / ____ / ____

BUDGET INFORMATION

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

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

SIGNATURE / APPROVAL INFORMATION

Signature _____ Date _____ Signature _____ Date _____

Originator: _____ Administrator: _____

Administrator: _____ Administrator: _____

Administrator: _____ Administrator: _____