GAVILAN COLLEGE

Conference Reimbursement
Request Form

This form should be submitted within 30 days from return date or completion of training. Approval Form BSF003 should be attached to this request along with backup documentation (itemized receipt, agenda, mileage maping, etc.)

Requestor Information

Requestor Name: _____ G# : _____

Conference Information

Title of Conference: _____

Event/Departure Date: _____ Return Date: _____

Departure Time: _____ Return Time: _____

Expense Claim

		Pre-paid by:	CC	Direct Pay
Confrence Fee :	$ _____			
Hotel :	$ _____			
Transportation:	$ _____			
Meal (link):	$ _____			
Parking :	$ _____			
Mileage (MilesX$0.70):	$ _____	Total :	$ _____	
Other (specify):	$ _____	Less Prepaid :	$ _____	
_____				
_____		Total Reimbursement:	$	
_____				

Total costs should be equal to or less than the estimated cost

Additional Comments *(Detail any advance payment using personal CC below)*

Approvals

I certify that all expenses claimed are valid

Applicant _____ Date: _____

Supervisor _____ Date: _____

Budget Manager _____ Date: _____

Costs in excess of approved cost above require Vice President Approval

Vice President _____ Date: _____