

Gavilan College Conference Authorization Form

Forms submitted to Business Office by the 5th of the month will be processed by the 15th
Forms received by the 20th will be processed by End of Month

Employee: _____ Date Submitted: _____

Program # _____ Account # _____

Additional program to charge: Program # _____ Account # _____

Part 1: Conference Request Advance: (To prepay expenses submit all copies of this form to the Business Office. A confirmation copy will be returned to you.)

Title of Conference _____

Attach a complete Flyer: _____ Faculty substitute needed: Yes () No ()

Departure Date _____ **Time:** _____ **Return Date** _____ **Time** _____

Check payable to _____ Conference fee _____
Address _____

Hotel Reservations Hotel Rate per Night _____
Confirmation # _____ Number of Days x _____
Check due to Hotel by _____ Hotel Cost _____

Check Payable to _____ Meals _____
Address _____ Parking _____
_____ Shuttle _____

Plane Reservations (check one):
Uchida Travel (American Express) ()
Gavilan Business Card ()
Personal Card ()
Total Estimated Cost \$ _____

Applicant Signature _____

Approved by: _____
Supervisor Date Vice President Date

Approval of President for out-of-state travel _____ **Date** _____

Part 2: Reimbursement Request:

After Conference, please submit yellow copy to the Business Office along with complete Conference agenda *, and appropriate receipts.

Lodging	_____	Total Costs	_____
Meals *	_____		
Plane	_____		
Personal Car _____ miles			
at \$ _____ =	_____	Less: Prepaid	_____
Conference Fee	_____		
Parking Shuttle, Toll	_____		
Others	_____	Reimbursement	=====

Total Costs	_____		

Costs may NOT exceed approved estimated costs without Supervisor and Vice Pres. signature.

Approved by: _____
Supervisor Date Vice President Date

Business Use Only:

Received Date: _____

Conference

Vendor # V _____

Amount _____

Hotel

Vendor #V _____

Amount _____

Total Prepaid: _____

Approved by:
Classified Staff Dev Rep

(Signature)

Date _____

Amount _____

Approved by:
Faculty Staff Dev Comm Chair

(Signature)

Date: _____

Amount _____

* See Administrative Procedures

7400 Travel for per diem

procedures.