PASADENA AREA COMMUNITY COLLEGE DISTRICT
REQUEST FOR BOARD AUTHORIZATION FOR CONFERENCE / BUSINESS MEETING ATTENDANCE

SEE REVISED AP 7420 FOR DETAIL
(ONE TRAVELER PER REQUEST)

CONFERENCE REQUEST FORMS ARE TO BE SUBMITTED TO FISCAL SERVICES (C203) NO LATER THAT FIFTEEN BUSINESS DAYS PRIOR TO DATE OF CONFERENCE

Name of Attendee:_____ Phone Ext. _____ Room: _____

Date(s) of Conference: _____ Additional Travel Date(s):_____

Full Title of Conference/Meeting:_____

_____

City and State:_____

Purpose of Trip: _____

_____

SUBSTANTIATION OF REIMBURSEMENT REQUEST

ADVANCE REQUEST (Check all that apply)

- ☐ Cash Advance _____
- ☐ District Pre-Paid (Check below that apply) _____
  - ☐ Registration _____
  - ☐ Hotel _____
  - ☐ Airfare _____

Total Advance Payment $ 0

CONFERENCE EXP (Check all that apply)

- ☐ Registration _____
- ☐ Air (College Travel) _____
- ☐ Personal Auto _____
  (not to exceed cost of air coach fare, must submit proof of research)
- ☐ Car Rental _____
- ☐ Lodging _____
- ☐ Meals (Per Diem) _____
- ☐ Parking _____
- ☐ Other _____

Total Cost of Travel $ 0

FOR FACULTY MEMBERS ONLY

Number of classes to be missed: _____

How will these be covered? (please check one)

- ☐ Substitute _____
- ☐ Special Class Assignment _____
- ☐ Other (please explain) _____

_____

Total Amount to be Board Reported $ 0

Board Approval Date: _____

(If over $2,500 or out of US)

APPROVALS

Dean's Signature required for Faculty

_____

Account Number(s)_____

_____

Cost Center Name(s): _____

_____

Traveler's Signature: _____ Date:_____

Immediate Supervisor:_____ Date:_____

Cost Center Manager: _____ Date:_____

Area VP and/or President:* _____ Date:_____

*If overnight travel over $2,500 or out of US