

**GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT
REQUEST FOR ATTENDANCE AT
OFF-CAMPUS ACTIVITY**

- GCCCD Office
- Cuyamaca College
- Grossmont College

NAME _____ **DATE** _____
Please Type or Print

This is to request institutional permission to attend the activity described below:

Title of activity: _____

Sponsoring agency: _____

Place of activity: _____ Dates and times of activity: _____

Professional value: _____

Is this a Staff Development Activity?: Yes No

After attending this activity, I would be willing to make a presentation to other staff if appropriate: Yes No

ESTIMATED COST

LODGING: _____

MEALS: _____

TRANSPORTATION: _____

REGISTRATION: _____

OTHER: _____

TOTAL AMOUNT REQUESTED: _____

TRAVEL PREPAYMENTS AND CLAIMS (to be used by site Business Office only)

TOTAL PAYMENTS: _____

FUNDING AUTHORIZATIONS AND TRAVEL APPROVALS

<u>Descriptions</u>	<u>Account Number</u>	<u>Amount Requested</u>	<u>Amount Approved</u>	<u>Approval of Funding</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL:		_____	_____	_____

Reimbursable by outside source: _____
Name of Agency _____ Responsibility for Billing _____

Site Business Officer _____ Dean/Director/Supervisor _____

President/Vice Chancellor/Chancellor