

**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: _____

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

TOTAL PAYMENTS: _____

TOTAL AMOUNT REQUESTED: _____

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