Conference Funds Request Form

Submit to appropriate funding source administrator for funding approval. (ONLY IF FUNDING IS NEEDED)

Request for Conference Funds from:

Conference Name:

Conference Location: Conference Date(s):

Conference Website link or attach agenda:

1.	**What of the following will the conference address?** Please check all boxes that apply.

Integrated Plan Goals
- ☐ Increase number of students who transition from SAC noncredit to SAC credit or who are prepared successfully to enter the workforce.
- ☐ Increase the percentage of students who complete an English or Mathematics transfer-level course within the first year of college.
- ☐ Increase percentage of students who make an informed decision to declare a major by the third semester or by attainment of 15 degree applicable units.
- ☐ Decrease the average amount of time it takes students to complete degrees or certificates.
- ☐ Increase the percentage of students who become transfer ready, attain transfer degrees or transfer.

Disproportionally impacted student population this activity will impact:
- ☐ Current or former foster youth
- ☐ Veterans
- ☐ Homeless students
- ☐ Students with disabilities
- ☐ First-generation students
- ☐ LGBTQ students
- ☐ Low-income students
- ☐ Students in specified ethnic and racial categories
- ☐ Other_____

Guided Pathways Pillars
- ☐ Clarify the path.
- ☐ Help students stay on the path.
- ☐ Help students enter the path.
- ☐ Ensure students are learning.

2. Please describe the specific benefits to student success and/or equity that you anticipate by attending this conference. Refer to your department's strategic plan or goals if possible.

3. List totals for all known requests. Estimate registration, meals, hotel cost, transportation, other:

Attendees (attach another page for more than 4 attendees):	Department:	Total Estimated Cost :	APPROVED AMOUNT*:
i.			
ii.			
iii.			
iv.			
Total amount being requested:			

Administrator/Manager Signature:

Funding Source Manager/Approver Signature:

☐ APPROVED* ☐ NOT APPROVED*	BUDGET CODE*:

*FOR FUNDING SOURCE ADMINISTRATOR USE ONLY

RANCHO SANTIAGO
Community College District

CONFERENCE REQUEST CLAIM

Employee Name:_____ Employee #:_____ Telephone #:_____ Site:_____ Department:_____

Account #:_____ Requestor's Signature: _____ Request Date: _____

Part 1: Travel Authorization & Estimated Expenses

Title of Conference: _____

Sponsoring Organization:_____

Location: _____

Business Reason:

_____

Dates of Travel: _____ to _____

Estimated Expenses

Transportation: $_____   Meals: $_____

Registration: $_____   Other $_____

Lodging: $_____   **TOTAL: $_____**

Approved Estimated Expense

$_____

_____
Administrator/Manager Signature

_____
Signature of Chancellor/Vice Chancellor/President

_____
Date

Part 2: Request for Advances

Airfare booked by District's Travel Agency

(email photocopies to purchasing@rsccd.edu)

(1) PR #: _____ $_____

   Vendor ID: 2428705

All Other Advances

(mail photocopies to Accounts Payable)

(2) Employee Advance $_____

   Vendor ID:_____

   Notes: _____

(3) Direct Pay – Registration $_____

   Vendor ID:_____

   Notes: _____

(4) Direct Pay - Other $_____

   Vendor ID:_____

   Notes: _____

Total Advance $_____

(not to exceed 75% of Total Approved Estimated Expenses)

Part 3: Actual Claims for Reimbursement

Complete & submit original form with receipts to Accounts Payable after attendance

(1) Transportation .... $_____

Air $_____   Other $_____

Actual Miles: _____ X $0.58 = $_____

(2) Registration Fee .... $_____

(3) Lodging ……………………………….. $_____

   (exclude phone calls, meals, parking)

(4) Meals ………………………………….. $_____

Per Diem Rate: Breakfast $10, Lunch $20, Dinner $30

Date	Breakfast	Lunch	Dinner

(5) Other Expenses ………………………… $_____

Description	Amount
	$
	$
	$

Total Expenses …………………………… $_____

(6) Less Total Advance (Part 2) ………….. - $_____

Total Due Claimant …………………….. $_____

I certify that the above are actual and necessary expenses incident to this conference. If mileage is being claimed herein, I had, at time of the use of my private automobile, such insurance as required by District rules and regulations for Public Liability and Property Damage.

_____   _____   _____
Signature of Claimant for Final Claim   Signature of Direct Supervisor   Date