

Los Angeles Community College District East Los Angeles College

Request for Student(s) Conference Attendance

Submit to Dean of Student Services at least 4 weeks before event.

Date

1. Name of Faculty Advisor: Employee#:

2. Name of Event:

3. Agency sponsoring conference:

4. Event Location: State:

5. Event Schedule: Opening Date: Ending Date:

6. Date(s) on which student(s) will be traveling and attending event *(Include weekends and holidays)*

Beginning Date: Ending Date:

7. Will paid substitute be required? Yes No

Title	Location	Days	Time
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8. Purpose and anticipated value to the District which will be derived from attendance:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

9. Total Estimated Cost of the Trip: \$

10. Funding Source: ASU Account #

Other: (Specify):

11. Number of Faculty Number of Students:

Signature of Faculty _____ Date _____

Dean of Students _____ Date _____

VP of Student Services _____ Date _____

East Los Angeles College Fiscal Office

Encumbrance Request – Form 2

A. Roster of Participant(s):

	First Name, Last Name	Student ID		First Name, Last Name	Student ID
1			6		
2			7		
3			8		
4			9		
5			10		

	First Name, Last Name	Employee #		First Name, Last Name	Employee #
1			3		
2			4		

MEALS

Number of Participants	Number of Days	x Rate	Amount
		\$ _____	

LODGING

Number of Rooms	Number of Days	x Rate	Amount
		\$ _____	
		\$ _____	

ENTRY FEE \$ _____

TRANSPORTATION \$ _____

OTHER (gas, parking, handouts, binders) \$ _____

GRAND TOTAL \$ _____

Designated Dean or Vice President Date

For additional information, please contact:

Name _____ Phone number: _____

East Los Angeles College Fiscal Office

Encumbrance Request – Form 1

To: **Campus Fiscal Office** Date: [Redacted]
From: [Redacted] Phone: [Redacted]

Please encumber the following: Attached is supplemental schedule showing cost breakdown for meals and lodging, other anticipated expenses, and a roster of participants.

Amount: \$ [Redacted] Payable to: [Redacted]

Charge Budget Account: E1 - [Redacted]
Program Object Activity

Date of Event: [Redacted] Warrant Needed By: [Redacted]
Day / Date Day / Date

Warrant to be:

1. Held for Pick Up by: [Redacted]
First Name and Last Name

2. Mailed to:

Name: [Redacted]
Address: [Redacted]
City, State, ZIP: [Redacted]

* This form is to be used for requesting District warrants for meals, lodging, entry fees, and other allowable travel expenses. PLEASE SUBMIT AT LEAST 4 WEEKS IN ADVANCE.

OFFICE USE ONLY
