



OHLONE COMMUNITY COLLEGE DISTRICT
TRAVEL/CONFERENCE/COURSE AUTHORIZATION FORM
 Effective 01/01/2018

Conference/Event: _____

Place: _____ Contact Phone Number: _____

Date(s): _____ Registration Deadline: _____

College days involved: _____

List how this absence will affect your work schedule, classes to be missed, impact on students, and coverage details:

Estimated costs:

Registration Fee: \$ _____

Transportation:

Air \$ _____

Auto (est. miles) _____ x \$0.545/mile \$ _____

Other (specify): _____ \$ _____

Total Transportation: \$ _____

Lodging (including tax) \$ _____

Meals: (Maximum amounts: Breakfast \$10.00 Lunch \$15.00 Dinner \$30.00 \$ _____

unless specified as part of the conference. THIS IS NOT A PER DIEM AMOUNT AND DOES NOT INCLUDE ALCOHOLIC BEVERAGES) **YOU MUST HAVE ITEMIZED RECEIPTS FOR ALL OF YOUR MEALS.**

TOTAL ESTIMATED COSTS (Attach Conference Announcement Materials) \$ _____

CONDUCT: While at a conference, course, or any activity at which the Ohlone employee is representing Ohlone in any capacity or knows other employees or students are present or might be present, the employee will comply with all behavior expectations and requirements for an Ohlone employee while on campus or while otherwise representing Ohlone. This includes but is not limited to **no** harassment, threats, intimidation, aggression, bullying, violence, abuse of conduct, misuse of power or authority for personal advantage or benefits, and/or unlawful behavior.

Attendee's Name (Print or Type) _____ Colleague ID: _____

Signature: _____ Date: _____

Funds are budgeted: YES NO Budget No: _____

Approved Not Approved

Division Dean/Director/Vice President/President Date

Staff Development Coordinator (If applicable) Date

Vice President Date

President (Out-of-State Travel) Date

Budget No.: _____

Maximum Amount Approved: _____