| RIO HONDO Rio Ho COLLEGE | ondo Community Co | llege Dist | rict | |
|--|--|--|---------------------------------|-------|
| | FOR TRAVEL AL | JTHORIZ | ZATION | |
| APPLICATION MUS | T BE TYPED AND RECEIVE FINAL | APPROVAL <u>PR</u> | <u>IOR</u> TO TRAVEL | |
| PAR | T I: EMPLOYEE INFO | ORMATIO | N | |
| Employee Name (Requestor): | | | | |
| Department: | | | | |
| Administrator Facul | Employee Type | | Unrepresented | |
| PART II: CON | NFERENCE/WORKSH | OP INFO | RMATION | |
| Event name: | | | | |
| (spell out acronyms) Location (city & state): | | | | |
| Per AP 7040, out-of-state requests for travel must be | | | | |
| As a result of Assembly Bill 1887, RHC is prohibited fr complete list of affected states, visit the California St | | | | For a |
| | No. of wo | | | |
| Reason For Attending: | | - | - | |
| How Does Event Align With Your | Professional Duties: | | | |
| | Turun antin | | | |
| I will attend as a 🗌 participant 🗌 | | g documents rence agenda <u>mus</u> | | |
| | | | <u>t be included)</u> | |
| | RT III: ESTIMATED E | | | |
| Registration: Airfare: | Meals: | Tax | ci/Shuttle: | |
| Lodging: | Parking: Mileage: | | Other: | |
| | | | TOTAL: | |
| | Funding Source(s) | | | |
| Account Number (Ex: 01.0-00000.0-00000-00000-5220-0000 | Account Name 200) (Ex: Strong Workforce Grant) | Amount | Cost Center Manager Initials | |
| | | | | |
| | | | | |
| | | | | |
| Special instructions regarding funding arran | gements: | | | |
| | | ad for Staff Da | volonmont funding | |
| | REQUESTS ONLY – If <i>not</i> approv ttendance myself | | | |
| PART IV | : APPROVAL AND AU | JTHORIZA | TION | |
| Requestor Signature: | | | Date: | |
| Supervisor Signature: | | | Date: | |
| Vice President Signature: | | | Date: | |
| | RAVEL REQUIRES SIGNATURE OF SU | | | |
| Superintendent/President Signature: | | | Date: | |
| BOARD APPROVAL REQUIRED F | OP OUT OF STATE TRAVELS NO | | | |
| - | L BE FORWARDED TO THE BOARD | Board Approva | Date: | |

You must submit a travel reimbursement packet (including original receipts) within 30 days of your return or forfeit your reimbursement (<u>AP 7030</u>)