



REQUEST FOR CONFERENCE ATTENDANCE PROCEDURE

Presented by:

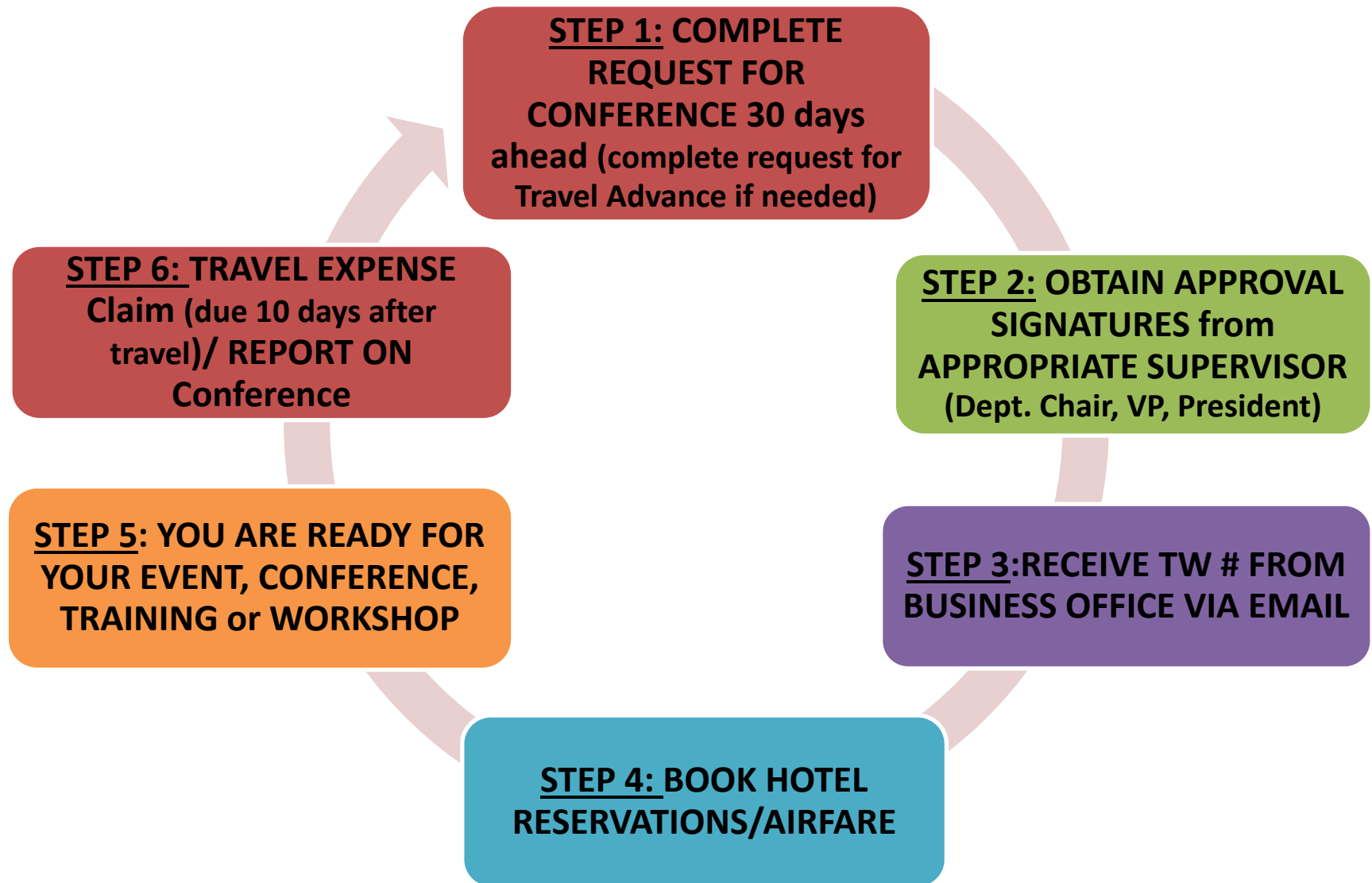
Rasel Menendez, College Financial Administrator

Aykanush (Hyku) Dzhambazyan, Senior Accounting Technician, Business Office

Sheila Jeter-Williams, Administrative Secretary, Student Services

November 7, 2016

CONFERENCE REQUEST CYCLE



REQUEST FOR CONFERENCE OR ACTIVITY ATTENDANCE



- 1) Complete Items 1-11
Indicate if you want Registration Fee Pre-Paid. Attach the registration form that has the registration amount, the vendor name and address. Be sure to sign and date. Form must be submitted 30 days prior to conference/travel.
 - 2) Obtain appropriate Dept. Supervisor Signature and complete fund center to be charged.
 - 3) Submit to the Office of the Vice President for your area/dept.
 - 4) The VP's office will forward the request to the Business Office for processing.
 - 5) You will receive an email from the Business Office with your TW#. After President's approval. After approval, book reservations for hotel & airfare if needed.
 - 6) ALL EXPENSES incurred MUST not exceed the TOTAL encumbered. If so, an amended Request for Conference Form is required to be resubmitted w/signatures.
- Link to form:
<http://www.laccd.edu/FacultyStaff/forms/Documents/Conference-Attendance.pdf>

LOS ANGELES COMMUNITY COLLEGE DISTRICT

Encumbrance # _____ DIVISION OF HUMAN RESOURCES Reference # _____

REQUEST FOR CONFERENCE OR ACTIVITY ATTENDANCE

Directions: Submit top two copies to President or Division Head. Attach conference or activity program, announcement or other descriptive document.

1. Name of Employee _____ Empl. No. _____ College or Division _____ - LACCD
Job Title _____
2. Name of Conference or Activity _____
3. Sponsoring Agency _____
4. Conference/Activity Location: City _____ State _____
5. Conference/Activity Schedule: Opening Date _____ Closing Date _____
6. Dates on which employee will be traveling and attending conference or activity (include weekends and holidays):
Beginning Date _____ Ending Date _____
7. Will paid substitute be required Yes _____ No X
8. Purposes and anticipated value to the District which will be derived from attendance: _____
9. Indicate additional assignments: Title NA Location _____
Will paid substitute be required? Yes _____ No X
10. Estimate amount of expense requested:
Transportation \$ _____ Hotels & Meals \$ _____ Registration Fee \$ _____ Incidentals \$ _____ TOTAL \$ _____
11. Signature of Applicant: _____ Date _____
12. This section to be completed by College President or Division Head:

| | | |
|---|---|---|
| a. <input type="checkbox"/> Refer to Chancellor | b. <input type="checkbox"/> General Funds | c. Amount of Conference expense recommended |
| <input type="checkbox"/> Rejected | <input type="checkbox"/> Special Funds | \$ _____ |
| Account No. <u>D000-</u> _____ <u>-586100</u> | | |

President or Division Head Date _____
13. This section to be completed by Chancellor or President/Division Head:
 Recommended with expenses recommended in Item #12
 Not Recommended

President/Division Head Date _____

Enc. Amount _____

Account _____

CFA _____ Date _____

Processing Date _____



REQUEST FOR TRAVEL ADVANCE

TD: _____

Budget: _____

LOS ANGELES COMMUNITY COLLEGE DISTRICT REQUEST FOR TRAVEL ADVANCE

- 1) The Request for Travel Advance must be attached to the Request for Conference ONLY if needed.
- 2) Complete 1 - 4, sign and date.
- 3) Attach to the Request for Conference.
- 4) Once your check arrives at the Business Office, you will be contacted via email. You must bring photo ID to sign for and receive your check.

Link to form:

<http://www.laccd.edu/FacultyStaff/fo rms/Documents/Travel-Adv.pdf>

1. Name of Employee: _____ Employee No. _____

Location: _____

2. Approved Conference Attendance Reference Number: TD _____

3. Approval Expense Allowance:

A. Transportation _____

B. Hotel and Meals _____

C. Incidentals _____

Total _____

4. Maximum Advance Allowed (90% of B & C) _____

I understand that this advance is to be used for the purpose of hotel, meals, and incidentals related to the approved Conference Attendance and that a travel expense claim must be filed within 10 days after returning from the conference.

Signature of Applicant _____ Date _____

Warrant No. _____

Claim Due Date: _____

Attach approved Travel Expense Claim in duplicate

5. Total Employee Expenses \$ _____

6. If the expense is greater than the advance,
Amount due to employee \$ _____

7. If the advance is greater than the expense,
Amount due to District (attached personal check) \$ _____



TRAVEL EXPENSE CLAIM

FISCAL FORM 72024 - 1

Conference Request Number TD

LOS ANGELES COMMUNITY COLLEGE DISTRICT
Travel Expense Claim

- 1) COMPLETE the form.
- 2) KEEP ALL RECEIPTS from your travel to attach (note: alcohol is not reimbursable). If the Registration fees were pre-paid, do not include on the form.
- 3) Within 10 days after the completion of the event, employees must submit the Travel Expense Claim and the Report on Conference Attendance with signatures from the appropriate supervisor and VP.
- 4) Submit your Travel Expense Claim, Report on Conference, receipts and PROCESSED Request for Conference (step 4 email) to your appropriate VP's office for processing.
- 5) If this form is not submitted, the funds are not charged against the travel and the funds remains as an encumbrance.

Link to form:

https://services.laccd.edu/districtsite/faculty_saff/Travel-Expense-Claim.docx

| MEETING OR CONFERENCE | | | | | | | | | | | |
|--|------|----------------|------|-------------|-----------|------------------------------------|------|---------------------|------|------------------|---------|
| HELD AT | | FROM (DATE) | | | TO (DATE) | | | | | | |
| OTHER CITIES VISITED (AS DIRECTED BY BOARD OF TRUSTEES) | | | | | | | | | | | |
| BOARD AUTHORIZATION: CONFERENCE REQUEST NUMBER | | | | DATE | | ALLOTMENT NUMBER TO BE CHARGED | | COLLEGE OR DIVISION | | | |
| TD | | | | | | D000- - -586100 | | | | | |
| DEPARTURE HOUR | | DEPARTURE DATE | | RETURN HOUR | | RETURN DATE | | | | | |
| A.M. | | | | A.M. | | | | | | | |
| P.M. | | | | P.M. | | | | | | | |
| DATE | Sun | Mon | Tues | Wed | Thur | Fri | Sat | Sun | Mon | Tues | TOTAL |
| Breakfast | | | | | | | | | | | |
| Lunch | | | | | | | | | | | |
| Dinner | | | | | | | | | | | |
| Room | | | | | | | | | | | |
| Subtotal | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Conference Fees | | | | | | | | | | | |
| Telephone & Telegraph | | | | | | | | | | | |
| Portage | | | | | | | | | | | |
| Taxi & Bus | | | | | | | | | | | |
| Airport Tax | | | | | | | | | | | |
| Parking | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Subtotal | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Notes: | | | | | | Air or Railroad Fare: | | | | | |
| | | | | | | or Automobile (Board Rule 7503.10) | | Miles | | @\$.54/mile 0.00 | |
| TOTAL AMOUNT OF CLAIM | | | | | | | | | | | 0.00 |
| Minus Advance or Charges to CalCard | | | | | | | | | | | |
| Total Amount Due to Employee | | | | | | | | | | | \$ 0.00 |
| I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT (SIGNED) | | | | | | APPROVED FOR PAYMENT BY: | | | | | |
| DATE | | | | | | DATE | | | | | |
| PRINT NAME | | | | | | PRINT NAME | | | | | |
| TITLE | | | | | | TITLE | | | | | |

AFTER APPROVAL SEND ORIGINAL AND DUPLICATE TO:
DISTRICT OFFICE ACCOUNTS PAYABLE 770 WILSHIRE BOULEVARD, LOS ANGELES, CA 90017

REPORT ON CONFERENCE

- 1) Within 10 days after the completion of the event, employees must submit the Travel Expense Claim and the Report on Conference Attendance with signatures from the appropriate supervisor and VP.
- 2) COMPLETE the Report on Conference and attach to the Travel Expense Claim.
- 3) Once your check arrives at the Business Office, you will be contacted via email. You must bring photo ID to sign for and receive your check.

Link to form:

<http://www.laccd.edu/FacultyStaff/forms/Documents/Report-on-Conference-Attendance.pdf>

LOS ANGELES COMMUNITY COLLEGE DISTRICT

Report on Conference Attendance

| | | | |
|---------------------|----|---------------------|--|
| Name of Employee | | Position or Subject | |
| Name of Conference | | | |
| From | To | Location | |
| Dates of Conference | | | |

Summarize briefly the information you obtained by participating in this conference which would be of particular interest to you and/or other employees in your area. (Use additional pages if necessary).

How has this information been communicated to other staff members in your area?

Would you recommend staff participation in this conference if it were to be held again in the future?

Signature - Person attending

Signature - President/Division Head

This form is to be completed and submitted to the college president or division head within ten days after the end of the conference.

STEPS FOR PROCESSING REQUEST FOR CONFERENCE SUMMAR



- Complete Request for conference or Activity Attendance.
- Complete Request for Travel Advance (optional). Book hotel and transportation after receiving TW.
- Attend Conference (keep all original receipts).
- Employees must complete the Travel Expense Claim, Report on Conference Attendance and submit together with all original receipts **WITHIN 10 DAYS** of completing the travel/conference.

OTHER TIPS



- In case your travel expense estimate increases or your actual expenses are higher than estimate, you need to submit a supplemental form, which needs all signatures required
- Make sure travel expense claims are submitted within the same fiscal year as the travel date/s
- Submit pertinent original receipts/proof of payments; if original paperwork is/are lost, fill out an Affidavit of Loss
- Alcohol purchase cannot be reimbursed as a travel expense
- LACCD Board Rules only allow for 15% tip for meals
- Reimbursement for travel by private automobile to destinations beyond a 100 mile radius of the Los Angeles City Hall shall be at a rate of 54¢ per mile. All such travel shall not exceed the cost of the appropriate available common carrier to the destination

REQUEST FOR ONLINE ACTIVITY



WEST LOS ANGELES COLLEGE

Encumbrance # _____

Ref # _____

REQUEST FOR ONLINE ACTIVITY ATTENDANCE

Directions: Submit to the President or Vice President for Administrative Services for approval before the online activity date.
Attach activity program, announcement or other descriptive document.

- 1) Complete the form, ideally 30 days before the activity date and obtain approval from supervisor and VPAS or President
- 2) The VPAS' or the President's Office will forward to Business Office. You will get an email from the Business Office with scanned copy of your approved form with a Reference #.
- 3) Pay for the cost of the online activity, then, request of reimbursement.

1 Name of Employee _____
Job Title _____

2 Name of Online Activity _____

3 Sponsoring Agency _____

4 Online Activity Schedule _____

5 Purposes and anticipated value to the College which will be derived from participation

6 Registration fee \$ _____
Other expense, if any (please indicate) \$ _____
Total \$ _____

7 Signature of Applicant _____
Date _____

8 Signature of College President or Vice President of Administrative Services

Date _____

9 Account Number to be charged _____

| | |
|------------------------|-------|
| Encumbrance Amount | _____ |
| Account | _____ |
| CFA Signature and Date | _____ |

Processing Date _____

REQUEST FOR WARRANT



1. Complete the form within 10 days after the completion of the online activity. Attach proof of payment/registration and the scanned copy of the approved request received from the Business Office.
2. Obtain signatures of supervisor and VPAS or President
3. VPAS or President's Office will forward to Business Office.
4. Business Office will inform you when your check is available for pick-up.

REQUEST FOR WARRANT ONLINE ACTIVITY REQUEST

Date _____

To Accounts Payable Manager

From _____
Title _____
Department _____
College _____

Subject **REQUEST FOR WARRANT FOR ONLINE ACTIVITY**

Warrant Amount _____
Payable to _____

Charge Fund/GL/ WBS or Fund Center _____

Check will be

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

 picked up by requestor
couriered to the campus
sent by mail

Requested by _____
Title _____

Certified by _____
Vice President of Administrative Services

_____ Date _____



Questions?
Email Rasel at
Menendrm2@wlac.edu or Hyku
at DzhambazA@wlac.edu