



Seminar/Conference/Workshop Authorization Form

Department _____ Date _____

Description of Conference/Seminar _____
(attach conference information/agenda – payment will not be made without attachment)

Location: _____ Date(s) of Attendance: _____

How will your attendance benefit the college and you professionally? _____

Amount Allocated _____ Account No. _____ (Source of Funding)

Dept. Head _____ Dept. Head Approval _____
(print) (signature)

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A Travel Authorization for all employees must be submitted to your area Vice President for approval

	Registration \$	Travel \$
Registration fee for Certifications, Seminars, Conferences, Etc.	_____	
Training Materials	_____	
Mileage Costs		_____
Car Rental Costs		_____
Tolls/Parking		_____
Lodging		_____
Meals		_____
TOTAL:	_____	_____
	+	= _____

*Total Reg. & Travel Costs

*Receipts are required for reimbursement of expenses

.....
Attendee(s)

Name _____	Title _____
Name _____	Title _____
Name _____	Title _____
Name _____	Title _____

The above named officer(s)/employee(s) of Orange County Community College are hereby authorized to attend the conference/seminar/workshop or travel as indicated, on or between dates set forth. The expenses therefore, subject to all applicable provisions of Orange County Community College travel guidelines promulgated by the Vice President for Administration & Finance through the submission of a properly documented voucher claim.

Vice President Approval

Date Approved