CCL-EAR Conference Attendance
Funding Request and Checklist

Before - Initially we need the following documents:
(Funding is not guaranteed and will be granted at the discretion of the CCL Executive Board.)

☐   Completed and signed Funding Request.

☐   Conference Brochure (or printed web page) verifying registration fees, dates and location highlighted for review.

☐   Approval by your employer to attend the conference or event.

☐   Submit completed, typed request and documentation to CCL-EAR Chair.

After – **Within 30 days after the conference we need:**

☐   A Travel Reimbursement Claim form indicating the itemized expenses not exceeding the amount of your award with *your signature.*

☐   *Original receipts* for conference registration, transportation (parking, car rental, taxi, shuttle, baggage fees, etc.) and lodging costs must be submitted.

☐   Submit completed Travel Reimbursement Claim form, original receipts, and evaluation form to CCL-EAR Chair.

CCL-EAR Conference Attendance Funding Request	
Today's Date:	Office Use Only Award Email Sent Date _____ Amount Awarded $_____ Requisition # _____
Name:	

Employer:	Campus Phone: x
Cell Phone Number: ( ) -	E-mail Address:
Section 2: Conference/Activity Information	
Conference/Activity Title:	
Start Date:	End Date:
Conference/Activity Location: (City, State)	
Conference/Activity Description:	
Conference/Activity Goals & Objectives related to CCL-EAR:	
Please indicate which of the CCL Strategic plans this conference supports:	Goal A: Strengthen the capacity of California community college libraries to support student success through the attainment of information. Goal B: Leverage access to information and technology tools to support student learning. Goal C: Promote libraries as dynamic spaces where students congregate to creatively engage with their peers, information, and instruction.

Section 3: Tentative Budget Information		
CONFERENCE	**Requested Amount**	
Info: CCL will provide a maximum of $500 for Conferences.		
A. Travel	$	

B. Lodging		
Number of nights required #	$	
C. Meals - $50 per diem with receipts	$	
D. Registration	$	
	TOTAL AMOUNT NEEDED	$
E. Would you be willing to accept less money?	▢ Yes ▢ No	
F. Will you receive joint funding?	▢ Yes ▢ No	
G. If so indicate the source _____ and amount	$	
<mark>**Total amount requested from** *CCL-EAR Funding*</mark>	$	
Any additional information the committee may need to know when considering your request:		
If funded you will be asked to report at the following CCL-EAR meeting.		
Applicant's Signature		Date
CCL-EAR Chair signature required		
CCL-EAR Chair Signature/Title		Date
SUBMIT *REQUEST AND DOCUMENTATION* **TO: CCL – EAR Chair**		