

# Alamo Colleges Student Event Approval Form Non-Overnight Events Only

Submit only one form for all participants.

Name of Event:	Date of Event:
Hours of Event:	Event Location:
Sponsoring Organization:	Primary Event Organizer :
Advisor to Sponsoring Organization:	Sponsor's Work Phone:
Advisor's Banner ID No. (VIN):	Alternate Phone Number:

**Purpose of Event:** Include a description and timeline for the planned activity and the rationale for providing meal(s) to participants. Please attach a completed Student Per Diem Acknowledgement Form and if applicable, provide agenda.

<b>Total Estimated Expenses \$</b>			-																					
Method of Reimbursement		Travel Advance: Yes _____ No _____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Meal Type</th> <th style="width: 15%;">provided</th> <th style="width: 15%;">Amount</th> <th style="width: 15%;">Total</th> </tr> </thead> <tbody> <tr> <td>Breakfast</td> <td style="background-color: #e1eef6;"></td> <td style="text-align: right;">\$ 8.00</td> <td style="text-align: right;">\$ .00</td> </tr> <tr> <td>Lunch</td> <td style="background-color: #e1eef6;"></td> <td style="text-align: right;">\$ 12.50</td> <td style="text-align: right;">\$ .00</td> </tr> <tr> <td>Dinner</td> <td style="background-color: #e1eef6;"></td> <td style="text-align: right;">\$ 25.50</td> <td style="text-align: right;">\$ .00</td> </tr> <tr> <td colspan="3" style="text-align: right;">Amount of Meal Request</td> <td style="text-align: right;">\$ .00</td> </tr> </tbody> </table>		Meal Type	provided	Amount	Total	Breakfast		\$ 8.00	\$ .00	Lunch		\$ 12.50	\$ .00	Dinner		\$ 25.50	\$ .00	Amount of Meal Request			\$ .00	Cash (up to \$300) _____ (Check One) Check _____ Dir Dep _____ (**) ** For Direct Deposit, complete the A/P Direct Deposit form upon initial request. Direct Deposit will take apx. two weeks from the date submitted to become effective.		
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Available for Travel Advance: All Participants= 100%		Advance Amount: _____ Date: _____ <b>Direct Pay Charge Accounts</b>																						
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**Requester's Certification:** I understand if I request a travel advance, a check, direct pay, or cash (up to \$300) will be generated in my name. A credit memo for the amount of the travel advance will be entered in the accounting system. I understand I must submit the approved Travel Expense Statement within 10 working days from the date I return from the trip. After the 10 days, any and all Accounts Payable payments processed will be applied to the credit memo until the amount of the travel advance is settled. I authorize the District to deduct all travel advances owed from my paycheck to settle any outstanding balance not repaid within 30 days of the date I return. I have read the Official Functions Procedures and agree the proposed expenses are related to student sponsored activities and I will manage the event described in this form to comply with all guidelines.

Signature : _____	Date _____
Employee _____	Printed Name
Approved: _____	Date _____
Budget Manager _____	Printed Name
Approved: _____	Date _____
Dean, Campus President, Director, or Associate Vice Chancellor Signature _____	Printed Name