

# LOS RIOS SUPERVISOR'S ASSOCIATION

## Request for Use of Partnership for Excellent Classified Development Funds

Name of Requestor:	Date:
College/Location:	Department:
LRSA PFE CDF Amount Requested:	u k
<b>NOTE: Pre-approval is required prior to any and all travel, purchases, contracts, etc.</b>	
<b>REQUESTED USE OF FUNDS – Required Procedures for Timely Processing</b>	
1. <b>LRSA CBA 5.9</b> - review applicable sections to ensure request is an allowable use of PFE funds.	
2. <b>Travel/Registration Documentation</b> - complete and attach LRCCD Travel Authorization and Reimbursement Form.	
3. <b>LRSA Request for Use of PFE CDF</b> - complete all sections of this form and attach to LRCCD Travel Auth./Reimb. Form.	
4. <b>Review &amp; Processing</b> - submit both documents to <u>immediate supervisor</u> for signature, then to <u>LRSA college/location representative</u> for review; and if approved, the LRSA college/location representative will initial below the employee's signature on the Travel Authorization and will sign this form, they then will forward to the <u>Vice President of Administration</u> or the <u>Associate Vice Chancellor of Finance</u> for authorization depending upon whether the location is a college or DO/FM, respectively. If authorized, the claim form will be coded to the budget number provided by the Fiscal Services Office of the District Office and processed.	
<b>USE OF FUNDS DESCRIPTION &amp; JUSTIFICATION – Please provide a short summary of how your request encourages an increase in job knowledge, effectiveness and/or overall professional development.</b>	
<b>REQUESTOR SIGNATURE – My signature confirms that all the information herein is correct, and I understand LRSA CBA 5.9.4.</b>	

<b>LRSA REPRESENTATIVE SECTION – Please sign, confirm or deny approval and forward to correct campus/DO entity for processing.</b>				
LRSA Representative:	Approved	Not Approved	Amount	Date: