



LCA VIRTUAL CONFERENCE REQUEST

Instructions:

Complete this form, attach the following, and submit to the appropriate administrator for approval.

Abstract of the paper/poster to be presented.

Letter or email which lists the date of the conference and states the acceptance for presentation through a peer reviewed/juried process.

- 1. Name: _____ SFSU ID _____ Phone No: _____
- 2. Department: _____
- 3. Email: _____
- 4. Date of Conference: _____
- 5. Registration Fee: _____
- 6. Amount Sought from College: Total \$ _____

Requestor's Signature _____ Date: _____

Department Chair Approver: _____ Signature: _____ Date: _____

Director of Finance Approver: _____ Signature: _____ Date: _____

Dean/Admin Approver:
(if applicant is the department chair) _____ Signature: _____ Date: _____

For Finance Use Only

ChartField to be Charged: Fund Dept Program Class Project