



Statement of Conference Expense

Skyline Cañada CSM District

Use this form to report Conference Expenses only. Request must be accompanied by original receipts and proof of payment. Your signature certifies that expenditures claimed are true and correct and were incurred in connection with official business of the SMCCCD.

Employee Name Employee Signature Date

G # Division/ORG Supervisor Signature Date

Administrator Signature Date

SMCCCD Account Distribution/s (FOAP) Budget Officer Signature Date

President/Chancellor Signature (ONLY IF OUT OF STATE) Date

Title of Conference

Date/s of Conference Location of Conference (City, State)

Conference Expenses: Note how paid: List District Pro Card journals; Check Advance; cash; personal credit card; etc... Amount

Conference Registration Fees

Transportation (airfare, mileage, other)

Car Rental and/or shuttle/bus/taxi fare

Lodging (room charges and taxes only)

Meals (# of days x max allowance)

[reference AP8.55 for per diem rate]

Miscellaneous (Tolls, Parking,

Business Phone Calls, specify others)

TOTAL Reimbursable Expenses (ALL expenses allowable):

Deduct amount of District Paid expenses with Procurement Card or Advance Check:

List Pro Card Document Numbers /Advance Check Numbers:

BALANCE to be: reimbursed to claimant
(enter 'X' for answer)

refunded back to District (attach check payable to SMCCCD)

Claimants are required to submit this form no later than 30 days after the conference.

For information on allowable expenses, please read instructions and guidelines for Conference Attendance and Travel Payment for Reimbursement as stated in District Rules and Regulations, Section 8.55

Campus Representative Initials: