



PRE-APPROVAL ONLY

ADVANCE CHECK REQUESTED

THIS REQUEST, IF APPROVED, WILL PROVIDE IN EXCESS OF \$5,000 THIS FISCAL YEAR IN TRAVEL/CONFERENCE EXPENSES TO EMPLOYEE.

## Conference Pre-approval / Advance Form

Skyline

Cañada

CSM

District

Employee Name

Employee Signature

Date

G #

Division/ORG

Supervisor Signature

Date

Payable DIRECTLY to Organization

Administrator Signature

Date

Organization ID #

[W9 required for all new vendors]

Budget Officer Signature

Date

SMCCCD Account Distribution/s (FOAP):

President Signature

Date

(Required for Out of State/ International Travel/ + \$5,000 FY Approval)

Chancellor Signature

Date

(Required for International Travel + \$5,000 FY Approval)

Title of Conference

Date(s) of Conference

Location of Conference (City, State)

Date Required

Estimated Expenses:

Amount:

Conference Registration Fees

Transportation (airfare, mileage, other)

Car Rental (Shuttle/bus/taxi)

Lodging (room charges and taxes only)

Meals (reference AP8.55 for per diem rate)

Miscellaneous (tolls, parking, business phone calls, specify others)

Compensable Hours (# of hours worked outside of regular work schedule multiplied by appropriate pay rate)

**TOTAL Estimated Expenses:**

**TOTAL ADVANCE REQUESTED:**

*This form must be submitted to the Business Office at least three weeks prior to conference date to allow reasonable processing time. Please note that only one check per event will be processed.*

*Claimants shall submit a Statement of Conference Expense form no later than 30 days after the conference.*

*Employee signature of this form acknowledges review and agreement to abide by the procedures set forth in SMCCCD AP 8.55.1 and 8.55.2*

Business Office Representative Initials:

(rev. 10/2025)