



# Conference 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/Chancellor Signature  
 (ONLY IF OUT OF STATE)**

**Date**

**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 and/or shuttle/bus/taxi fare

Lodging (room charges and taxes only)

Meals (# of days x \$60.00 per diem)

Miscellaneous (Tolls, Parking, Business Phone Calls, specify others)

**TOTAL Estimated Expenses:**

**TOTAL ADVANCE REQUESTED:**

*This form must be submitted to the College 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 are required to submit a Statement of Conference Expense form no later than 30 days after the conference.*

Campus Representative Initials: