



PRE-APPROVAL ONLY

ADVANCE CHECK REQUESTED

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: