



Statement of Conference Expense

*Use this form to report **Conference Expenses** only. Procurement Card use is strongly recommended. Items designated with an ® require RECEIPTS to be submitted with this form. Your signature certifies that expenditures claimed are true and correct and were incurred in connection with official business of the SMCCCD.*

Employee Name Employee's Signature Date

College Division/ORG Supervisor's Signature Date

ID# Phone Ext. Administrator's Signature Date

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

President/Chancellor Signature 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...

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/Advance Check Numbers:

BALANCE to be: reimbursed to claimant (if less than \$100, will be paid by petty cash)

(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.