Reset Form

San Mateo County Community College District

Verification Statement for Field Trip/ Excursion Activity Expense

☐ Cañada ☐ CSM ☐ Skyline

Staff/Faculty/Chaperone Name: _____ Date of Request: _____

Staff/Faculty/Chaperone G#: _____

Event/Trip/ Course Name: _____ Event/Trip Date(s): _____

Event/Trip Location: _____

1. Meals:		$
2. Lodging:		$
3. Entry or Conference Fee:		$
4. Transportation Expense:		$
5. Other Authorized Expense:		$
	Total Expense for this Event/Trip:	$ 0.00
1. Cash Advance: Received on (date):		$
2. Cash Amount to be Returned to Cashier Office:		$
3. Cash Amount to be Reimbursed to Chaperone:		$
4. Reason for Surplus/ Insufficient Cash:		

Account (FOAP):

1.		$
2.		$
3.		$
4.		$
	Total FOAP	$ 0.00

Submit the following with this form:

1. Request for Field Trip/Excursion Approval & Meal Advance Form
2. Student Activities Checklist and Roster Form
3. Receipts to support the above expenses

College President Signature
***Overnight/ Out-of-State Trip**

Staff/Faculty/Chaperone Signature | Administrator Signature | VPI/ VPSS Signature | College Business Officer Signature

Cashier's Office Use Only

Cash Reimbursed/ Returned Date: _____ Cashier's Initials: _____

Cash Reimbursed/ Returned Amount: $ _____

Cash Disbursed to/ Received by: _____ Name _____ Signature _____ Date

(06/23/2026)

Draft-Cañada use only