SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

Statement of Conference Expense

Skyline ☐ **Cañada** ☐ **CSM** ☐ **District** ☐

Use this form to report Conference Expenses only. Request must be accompanied by original receipts and proof of payment. Your signature certifies that expenditures claimed are true and correct and were incurred in connection with official business of the SMCCCD.

Employee Name

Employee Signature **Date**

G # **Division/ORG**

Supervisor Signature **Date**

Administrator Signature **Date**

SMCCCD Account Distribution/s (FOAP)

Budget Officer Signature **Date**

President/Chancellor Signature **Date**
(ONLY IF OUT OF STATE)

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…	**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 Reimbursable Expenses (ALL expenses allowable): $ 0.00

Deduct amount of District Paid expenses with Procurement Card or Advance Check:

List Pro Card Document Numbers /Advance Check Numbers:

BALANCE to be: (enter 'X' for answer)

☐ reimbursed to claimant

☐ refunded back to District (attach check payable to SMCCCD)

$ 0.00

Claimants are required to submit this form no later than ***30*** days after the conference.

For information on allowable expenses, please read instructions and guidelines for Conference Attendance and Travel Payment for Reimbursement as stated in District Rules and Regulations, Section 8.55

Campus Representative Initials:

Rev. 07/14

FORM RESET