

**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: \$ \_\_\_\_\_

1. Cash Advance: Received on (date):		\$	
2. Cash Amount <u>to be Returned</u> to Cashier Office:		\$	
3. Cash Amount <u>to be Reimbursed</u> to Chaperone:		\$	
4. Reason for Surplus/ Insufficient Cash:			

Account (FOAP):

1. _____	\$	
2. _____	\$	
3. _____	\$	
Total FOAP \$		

**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