



## 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

Social Security No. 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)

**[\$40/day w/o receipts; \$55 with receipts]**

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.**

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