



## 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.