



# 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.*

<b>Employee Name</b>	<b>Employee's Signature</b>	<b>Date</b>
<b>College</b>	<b>Supervisor's Signature</b>	<b>Date</b>
<b>Division/ORG</b>	<b>Administrator's Signature</b>	<b>Date</b>
<b>Social Security No. or ID</b>	<b>Budget Office Signature</b>	<b>Date</b>
<b>Phone Ext.</b>	<b>President/Chancellor Signature</b>	<b>Date</b>
<b>SMCCCD Account Distribution/s (FOAP)</b>		

**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.**