



Conference Pre-approval / Advance Form

Skyline

Cañada

CSM

District

Employee Name

Employee Signature

Date

G #

Division/ORG

Supervisor Signature

Date

Payable DIRECTLY to Organization

Administrator Signature

Date

Organization ID #
[W9 required for all new vendors]

Budget Officer Signature

Date

SMCCCD Account Distribution/s (FOAP):

President Signature
(Required for Out of State/ International Travel)

Date

Chancellor Signature
(Required for International Travel)

Date

Title of Conference

Date/s of Conference

Location of Conference (City, State) Date Required
Amount:

Estimated Expenses:

Conference Registration Fees

Transportation (airfare, mileage, other)

Car Rental (Shuttle/bus/taxi)

Lodging (room charges and taxes only)

Meals (reference AP8.55 for per diem rate)

Miscellaneous (tolls, parking, business
phone calls, specify others)

TOTAL Estimated Expenses:

TOTAL ADVANCE REQUESTED:

This form must be submitted to the Business Office at least three weeks prior to conference date to allow reasonable processing time. Please note that only one check per event will be processed.

Claimants are required to submit a Statement of Conference Expense form no later than 30 days after the conference.

Business Office Representative Initials: