



CONFERENCE OR MEETING AUTHORIZATION REQUEST FORM

INSTRUCTIONS

- **Required Approvals-** At least twenty-one business days **PRIOR** to attending a conference the requestor must submit to the President/Superintendent's Office the completed "Conference or Meeting Authorization Request Form". The form must include the approvals of the Department Chair/Manager and Vice President or the request will be rejected.
- **Authorization to Attend** - The authorization to attend a conference or meeting is not considered to be approved until the requestor receives a copy of the "Conference or Meeting Authorization Request Form" with the President/Superintendent's signature and approval. Reimbursements will not be made for conferences or meetings that have not been approved.
- **Documentation- Original and detailed receipts are required** for reimbursement. Summary or credit card receipts **are not** acceptable for reimbursement.
- **Cancellation-** If the trip is cancelled for any reason, please notify Accounts Payable. It will be the employee's responsibility to cancel any conference registrations or hotel reservations and to request a refund to the District of any advance payments already issued.
- **Airfare-** Airfare is reimbursed at the Coach Class rate with the exception of international flights of more than 7 hours in duration which are reimbursed at the Business Class rate. Employees may, at their own expense, select a Class higher than what is reimbursable but must provide documentation verifying the rate for the reimbursable fare on the same flight.
- **Private Auto-** The current rate per mile is **\$0.725**. For trips over 600 miles (round trip), the requestor must provide documentation of what the cost of coach airfare would have been for the same trip. If there are no costs other than for personal automobile use associated with the conference or off-campus meeting, the proper form required for authorization/reimbursement is the "Mileage Reimbursement Claim" form which can be found at <http://www.smc.edu/BusinessServices/accounts-payable/Pages/For-Faculty--Staff.aspx>
- **Gratuities-** Gratuities will be reimbursed at a **maximum rate of 15%**. Receipts are required for reimbursement of gratuities.
- **Registration Pre-Payment** – If you request that Accounts Payable send the registration fees directly to the vendor prior to your arrival (otherwise known as a "prepayment"), please select the "YES" box on this form and include all necessary registration documents, including the name and address where the check is to be mailed. Requests for prepayment of the registration fee must be received by Accounts Payable at least twenty-one business days prior to the conference registration due date. If this deadline is not met or if you do not elect to send a pre-payment, you will pay the registration fees and the District will reimburse you when you submit your Conference Reimbursement Form with proper documentation.
- **Unauthorized Expenses-** Alcohol and entertainment expenses **will not** be reimbursed.
- **Board Policy** - "The Board of Trustees under the provisions of the California Education Code Section 87032 delegate authorization to the Superintendent/President or designee to approve or deny requests for travel, meetings or conferences provided the costs do not exceed the amount previously budgeted for such purpose. Guidelines for conferences and travel expenses shall be set forth in administrative regulations. For reference see BP 6235 Travel Meetings and Conferences."



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Section A - Claimant & Event Information					
Name (Last, First, MI)		Title		Phone	
Dept.		Dates		To	
Event		Sponsoring Agency			
City		Facility		Estimated Total Reimbursement	
Section B - Expenses PLEASE REFER TO FORM INSTRUCTIONS FOR EXPLANATION OF REIMBURSEMENT LIMITS.					
Approval only – Reimbursement of expenses not requested			Approval/Reimbursement of expenses requested		
Airfare		Sustainability requested data: _____ number of air miles to conference destination			
Private Auto Mileage)		(Projected			
Car Rental		# of Days		Daily Rate	
Registration Fees* If you wish the District to pay registration on your behalf, please check this box and provide registration information - payee name, contact information and remit address				<input type="checkbox"/>	
Hotel		# of Nights		Daily Rate	
Meals		# of Days		Daily Rate	
Incidentals	Type of Incidental	Amount			
You must specify projected incidentals (E.g. Taxi \$25, Baggage \$10, Meals/rides tips max. limit 15%, etc.)					
				Incidentals Total	
				Estimated Grand Total	
I hereby certify that this request represents my best estimates of the costs related to attending this conference or meeting and that all funds will be expended in the performance of approved college business.					
Claimant's Signature			Date		
Section C - Approval		Acct#	Corrected Acct#	Budget	
Acct# & Budget Amt					
Acct# & Budget Amt					
Acct# & Budget Amt					
Total Amount Funded (Need to match Estimated Grant Total)					
Dept. Chair or Manager	Approval <input type="checkbox"/>	Disapproval <input type="checkbox"/>			
Vice President	Approval <input type="checkbox"/>	Disapproval <input type="checkbox"/>	Signature	Date	
Superintendent/President	Approval <input type="checkbox"/>	Disapproval <input type="checkbox"/>	Signature	Date	
			Signature	Date	
Section D – Accounts Payable Use Only					
Payments Issued					
Payee	Reason	Amount	Date Paid	Check #	Balance



Please attach supporting documents of amounts requested (For Reimbursement Limits, please refer to the form instructions)

* If you wish the District to pay registration on your behalf, make sure the registration prepay box is checked and kindly attached or provide the following information:

Registration Payee Name _____

Registration Remit Address _____

Registration Contact person and Contact information _____

Please submit the approved Conference Authorization Request atleast 21 days prior to registration due date with supporting documentation to allow processing and mailing time.