

CONFERENCE OR MEETING AUTHORIZATION REQUEST FORM

INSTRUCTIONS

- **Required Approvals** At least twenty-one business days <u>PRIOR</u> 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 <u>are</u> <u>not</u> 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 \$0.670. 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 <u>maximum rate of 15%</u>. 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."



CONFERENCE OR MEETING AUTHORIZATION REQUEST FORM

Section A - Claimant & Event Information								
Name (Last, First, N	11)		Т	ïtle		Ph	one	
Dept.			Da	ites	То			
Event Sponsoring Agency								
City				cility		Estimated T Reimbursen		
Section B - Exp	Denses PI	FASE REFE			ΞΧΡΙ ΑΝΑΤΙΟΝ ΟΙ	F REIMBURSEMENT		
			kpenses not requ			imbursement of exp		
Airfare	Sustainability r	equested data:	number o	of air miles to confere	nce destination			-
Private Auto				(Projected				
Mileage) Car Rental	# of D				Daily Rate			
Registration Fees If you wish the District to pay registration on your behalf, please check this box (Submit 21 business days prior to registration due date with supporting documentation.)								
Hotel	Dusiness duy	is prior to reg	# of Nights	with supporting (Daily Rate			
Hotel					-			
Meals			# of Days		Daily Rate			
Incidentals	Type of Ir	ncidental		Amount		•		
You must specify								
projected incidenta (E.g. Taxi \$25,	s							
Baggage \$10, etc.)								
						Incidentals Tota	ıl	
					Est	Estimated Grand Total		
I horoby cortify th	at this reque	ot ronrocon	to my bact actima	too of the cost	related to attem	ding this conference		ating and that all
funds will be expe							or me	
Claimant's Signature Date								
Section C- Approval								
Account #								
Dept. Chair or Manager	Approval	Disapproval						
Vice President	Approval Disapproval Signature Date							
Superintendent/ President	Approval Disapproval Signature Date							
			Signature				Date	
Section D – Ac	counts Pa	ayable Us	e Only					
Encumbrance #	Date		Amount	_				
Payments Issued								
Payee	Reason	Reason			Date Pai	d Che	ck #	Balance

Accounts Payable | 1900 Pico Boulevard, Santa Monica, CA 90405 | (310) 434-4283 www.smc.edu/accountspayable



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