

SANTA BARBARA COMMUNITY COLLEGE DISTRICT
CONFERENCE ATTENDANCE ADVANCEMENT OF FUNDS APPLICATION
(Must have prior Travel & Conference Approval)

Application Date

REQUESTED BY : _____

CONFERENCE NAME: _____

LOCATION: _____

DATE (S): _____

EXPENSES:

No. Of Days	PURPOSE	COST ESTIMATE
_____	Meals (No Receipt Required if Within Per Diem Rate)	_____
	Transportation (Receipt Required for Commercial Transportation)	_____
_____	Lodging (Receipt Required)	_____
	Fees (Receipt Required)	_____
	Other	_____
	TOTAL	_____
	ADVANCE PAYMENT REQUESTED (Not to Exceed 75%)	_____

Submit this form only if the total estimated expenses exceed \$60.00.

This form is to be submitted at least three weeks prior to the conference date.

The final itemized Travel and Conference form shall be submitted within five days following your return from the conference.

APPROVED: _____

Business Officer

Date

ACCOUNTING OFFICE USE

Warrant Number _____

Account Number _____