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:

<table>
<thead>
<tr>
<th>No. of Days</th>
<th>Purpose</th>
<th>Cost Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Meals (No Receipt Required if Within Per Diem Rate)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transportation (Receipt Required for Commercial Transportation)</td>
<td></td>
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<tr>
<td></td>
<td>Lodging (Receipt Required)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fees (Receipt Required)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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:_________________________________________ Date __________________

ACCOUNTING OFFICE USE

Vendor Number __________________________
Pay Voucher Number ____________________
Account Number _________________________

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