



SANTA BARBARA CITY COLLEGE
Fiscal Services
EMPLOYEE CONFERENCE AND TRAVEL REQUEST FORM

A SIGNED REQUEST FORM MUST BE ATTACHED TO A CONFERENCE AND TRAVEL EXPENSE CLAIM IN CONCUR.

PART I: EMPLOYEE INFORMATION

Attendee Full Name:	SBCC ID (K Number):
Attendee's Direct Supervisor (Print Name):	Supervisor's Department (Name and ORG #):

PART II: CONFERENCE/WORKSHOP INFORMATION

Sponsoring Organization:	
Name of Conference:	
Location (City and State):	Dates:
Briefly explain the purpose of the conference/workshop:	
Dissemination of Information: <i>How and with which staff members you will share the information and/or materials you receive</i>	

PART III: ESTIMATED EXPENSES

Registration	Mileage	Meals
Airfare	Taxi/Shuttle	Vehicle Rental
Lodging	Other:	

TOTAL ESTIMATED EXPENSES:

FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY*	LOCATION*	NOT TO EXCEED \$

PART IV: APPROVAL AND AUTHORIZATION

- ❖ By signing this form, the traveler and budget owner have verified budget is available for planned travel costs and that the means and purpose of travel meet District policy. Forms submitted **less than 30 days** before travel will require **approval by the President/Superintendent** or designee.
- ❖ Submit this form with your Expense Report in the Concur System within 30 days upon return from travel. Ensure receipts are itemized, legible, and allowable by District policy. For more information, see [Board Policy 7400](#) and [Administrative Procedure 7400](#). Collect all necessary receipts and *Travel Safe!*

Attendee:	Signature:	Date:
Immediate Manager:	Signature:	Date:
Budget Owner / Sponsoring Manager:	Signature:	Date:
Special Approval – President/Designee:	Signature:	Date:

➤ Do you need additional credit on your District Credit Card to cover the costs of your travel? Review your limits now and request credit increases on the *Fiscal Services Portal*.