



**MIAMI DADE COLLEGE
TRAVEL ADVANCE AND EXPENSES FOR STUDENT SERVICES MONIES**

PART A REQUEST FOR ADVANCE (After approval, submit to Accounts Payable with an approved Disbursement Request Number)

1. I request a travel advance in the amount of \$ _____, estimated expenses for a Student Services Sponsored event to be held at _____

on _____
Months Days Year

This request is on behalf of _____ faculty members and _____ students

Estimated Departure: Time: _____ Date: _____

Estimated Return: Time: _____ Date: _____

2. Estimated Expenses:

A. Faculty / Student Meals: Breakfasts _____ @ \$ _____ = \$ _____
Lunch _____ @ \$ _____ = \$ _____
Dinner _____ @ \$ _____ = \$ _____
Postgame meal _____ @ \$ _____ = \$ _____

TOTALS \$ _____

B. Other Expenses: Transportation \$ _____
Lodging \$ _____
Fees \$ _____
Misc. \$ _____

TOTALS \$ _____

C. Total of estimated expenses (Lines A+B) ----- \$ _____

Requestor _____
Date _____

Approved _____
Dean of Admin. / Academics / Student Svcs. Date _____

Approved _____
Student Life Director / Dept. Chairperson Date _____

Approved _____
Campus President (signature) Date _____

ACCOUNT NUMBERS: A) Advance _____

B) Expense _____

PART B ACCOUNTING OF MONIES ADVANCED (Complete upon return and submit to Accounts Payable)

Departure date and time _____ Return date and time _____

1. Check issued to: _____ S.S. No.: _____

(type or print)
Check No.: _____ Check Date: _____ Check Amount \$: _____

2. Transportation: a. Automobile \$ _____ (.445 cents per mile)
b. Bus \$ _____
c. Air \$ _____
d. Train \$ _____ TOTAL \$ _____

3. Lodging (Receipts attached) ----- TOTAL \$ _____

4. Meals (Form FM - A - 2A attached) ----- TOTAL \$ _____

5. Other expenses: a. Taxi \$ _____
(Receipts as b. Fees \$ _____
required) c. Misc. \$ _____ TOTAL \$ _____

6. Total amount expended (Lines 2+3+4+5) ----- \$ _____

7. Balance (due to) (returned by) recipient (line 1 minus 6) \$ _____

8. Disposition of balance (Line 7):
a. Balance due recipient, Disbursement Request No. _____ Date _____
b. Balance returned by recipient, receipt No. _____ Date _____

I hereby certify or affirm that this statement of travel advance and expenses is true and correct in every material matter; that the expenses were actually incurred and necessary travel expenses in the performance of official duties.

Signature of recipient of advance Date

APPROVED: _____
Signature of Business Affairs Officer

Campus Department / Division