

OFFICE OF THE ACADEMIC DEAN
 Miami Dade College, Kendall Campus
TRAVEL AND PROGRAM DEVELOPMENT PROPOSAL FORM

Name _____ Date _____
 Department _____ Division _____ Extension _____
 Beginning Date _____ Completion Date _____ Room # _____

PROGRAM DEVELOPMENT OR TRAVEL PROPOSAL (Describe the activity or travel.)

If more room is needed, please attach additional sheets.

OBJECTIVES (Specify the results to be achieved.)

If more room is needed, please attach additional sheets.

PROPOSED TRAVEL BUDGET

Common Carrier/Teleticket \$ _____
 Mileage \$ _____
 Vicinity Mileage/Auto Rental \$ _____
 Per Diem \$ _____
 Lodging \$ _____
 Meals \$ _____
 Registration (Include Advance) \$ _____
 Other: _____ \$ _____
 (Taxi, Toll, Park, etc.)

Account Number _____ Total \$ _____
 (To be completed by Academic Affairs)

WORKSHOPS, CONSULTANTS, PROJECTS (Include services and/or personnel with expenses of each.)

Name(s): _____ SS# _____ - _____ - _____ Amount \$ _____
 _____ SS# _____ - _____ - _____ Amount \$ _____
 Consultants: _____ Amount \$ _____
 _____ Amount \$ _____
 Other Costs: (Facility, Materials) _____ Amount \$ _____
 _____ Amount \$ _____

Account Number: _____ (Will be completed by the Academic Dean's Office) TOTAL \$ _____

Recommended for Approval

Originator	Department Chairperson	Associate Dean/ Director	Dean	Academic Dean
Date:	Date:	Date:	Date:	Date:

