

**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:

