

# MIAMI DADE COLLEGE

Hialeah Homestead Interamerican Kendall Medical North West Wolfson



# *Student Travel Packet*

Revised: 08 – 2008

# MIAMI DADE COLLEGE

Hialeah Homestead Interamerican Kendall Medical North West Wolfson



## MEMORANDUM

To: All Student Club/Organizations and Student Club/Organization Advisors

From: Anthony F. Fiorenza  
Director, STUDENT LIFE

Subject: **REQUEST FOR FUNDS**

Any student organization or group of students can apply for funds to help support a program, activity or student travel to attend local, state or national conventions and/or competitions. The attached forms for both types of funding are available in the Student Life office, Room 100.

Many of you routinely request funds each year for the same or similar programs, activities, conferences, competitions etc. In order for Student Life to manage the budget more effectively, all requests of this nature should be submitted to this office eight (8) weeks before actual date. Please estimate your expenses if you do not know the actual cost at this time. All clubs to receive funding must participate with on/off campus projects ex: United Way, Spooky Night, Fall Fest, Athletics Events, Hands on Miami, Relay for Life, Dragon Boat Festival, etc.

When requesting funds please complete a separate form for each request and return to Student Life. **70% of funds MUST be raised before any paper work is processed and a copy of that request must be submitted with this request.** Please include a copy of any official registration, travel arrangements and/or other appropriate information. Registration Information should be on official letterhead from local, state or national organizations. A "Request for Leave Absence" (P2 form) approved by department chair and appropriate Dean must be submitted along with the "Fund Request" form.

**DO NOT ENTER INTO ANY VERTICAL OR WRITTEN AGREEMENTS WITH REGARDS TO THE FUNDS BEING REQUESTED WITHOUT DISCUSSING IT FIRST WITH ME. THIS DEPARTMENT WILL NOT BE HELD ACCOUNTABLE FOR CONTRACT AND/OR EXPENSES THAT DO NOT HAVE THE PROPER APPROVAL.**

Thank you for your cooperation and support of this procedure. I am sure it will help us to assess your needs more accurately and avoid surprise demands that put a drain on the budgets.

If you have any questions, please call me or MAYRA at 72321.

Thank you.

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## STUDENT LIFE MANUAL OF PROCEDURES

AS IT REFLECTS POLICY NUMBER 3450

<u>TITLE</u>	<u>NUMBER</u>	<u>PAGE</u>
TRAVEL ADVANCES FOR ESTIMATED EXPENSES PERTAINING TO STUDENT LIFE FUNDS	3450	1 OF 2
<u>BASED ON POLICY NUMBER AND TITLE</u>	<u>DATE</u>	
III-5: TRAVEL FOR STUDENT LIFE		

### I. Purpose

- A. To provide the administrative process for requesting, approving and issuing checks for estimated travel expenses for faculty, staff and students participating in sponsored or scheduled events that will be paid from Student Life funds. It also provides for the accountability of the advanced funds upon the completion of the travel.
- B. The following attached forms are to be used:
  1. Travel Advances and Expenses for Student Services Monies.
  2. Certification for Receipt of Meals Pertaining to Student Services Monies.
  3. Agreement for Off-Campus College Activity.

### II. Procedure

- A. In accordance with Florida Statutes, travel advances for estimated expenses may be made to faculty, staff, and students participating in Student Life sponsored or scheduled events when expenses are to be paid from Student Life Funds.

#### B. Request for Advance

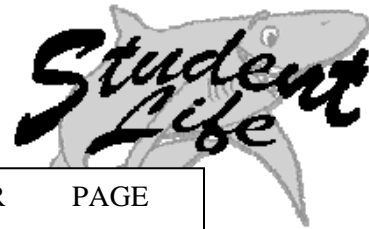
1. Faculty members serving as a coach or sponsor will complete the original and two copies of Travel Advances and Expenses for Student Services Monies, Part A only, listing details and breakdown of estimated expenses (see sections C & D), sign and deliver to the following individuals for approval:
  - a. To the Director of Student Life, when it is an event sponsored by Student Life.
  - b. For travel requests in this area, the Travel Advances and Expenses for Student Services Monies and Request for Leave of Absence and Reimbursement (P-2) for the faculty/staff, must be signed by all authorized persons. There will be no exceptions or delegation of signature authority in this area.
  - c. Estimated Meal allowance for Non-Athletic Events: Estimating expenses for meals for students who are attending non-athletic events will be made in accordance with the following table:

**Breakfast: \$6.00** (when travel begins before 6:00am)

**Lunch: \$11.00** (when travel begins before 12 noon)

**Dinner: \$19.00** (when travel begins before 6:00pm)

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<u>TITLE</u>	<u>NUMBER</u>	<u>PAGE</u>
TRAVEL ADVANCES FOR ESTIMATED EXPENSES PERTAINING TO STUDENT LIFE FUNDS	3450	2 OF 2
<u>BASED ON POLICY NUMBER AND TITLE</u>	<u>DATE</u>	
III-5: TRAVEL FOR STUDENT LIFE		

2. The Director of Student Life and all other authorized persons must approve the request and disbursement requisition. The Director of Student Life shall transmit the original approved request and signed check requisition to the Director of Accounting, retaining one copy and returning one copy to the requestor.
3. The Director of Accounting edits the check requisition, issues a check in the name of the requestor for the approved amount, and files a copy of the check requisition and request for later reconciliation. The advance is charged to an accounts receivable pending receipt of the expense report, at which time a journal entry is made to charge the appropriate cost center and clear the receivable.
4. **Out of State and/or International Travel: Domestic and International travel shall follow the same guidelines as "Out of Miami-Dade County within the State of Florida". The burden is on the traveling student(s) to ensure that any and all necessary immigration paperwork is completed, filed and approved by the appropriate federal governmental agency and/or any other governing entity for travel **within and outside** of the United States of America.**

## C. Accountability of the Advanced Funds

1. Requestor, upon completion of the travel, completes Part B of the retained copy, including Travel Advances and Expenses for Student Services Monies, Certification for Receipt of Meals Pertaining to Student Life Events.
  - a. Upon return, the requestor forwards the completed travel packet to the Director of Student Life for reconciliation.
  - b. If line 9 shows an excess balance to be returned, the requestor will return unused monies to the Campus Bursar and obtain a signed and dated receipt for the amount returned. The requestor will then write in the receipt number and date of line 9b.
2. Central Accounting
  - a. Upon receipt of the disbursement requisition and signed form reflecting an amount due the requestor, the Director of Accounting edits the form, including attached receipts, reconciles it with the file copies of the request for the initial advance and prepares a check in the name of the requestor for amount due and releases accounts receivable.
  - b. Upon receipt of the form reflecting an excess amount returned to the Bursar, the Director of Accounting reconciles it with copies of the initial request for advance and releases accounts receivable.



## Travel Policies & Procedures

- A. Students (every 10 students 1 faculty or staff sponsor/chaperone) must be accompanied by and travel with an approved\* faculty or staff sponsor/chaperone.  
*(\*Approved P-2 Form Required)*
- B. Before any funding an agenda MUST be provided. No paper work will be processed without an agenda. Agenda must be provided first. This includes oversea trips. All paper work eight (8) weeks before trip.
- C. All Advisors/Chaperones accompanying students on trips shall complete a “Professional Leave Form” to cover the period they will be away from campus. This form must be turned in to the appropriate Departmental Supervisor for approval and then forwarded to the Student Life Director at least eight weeks prior to the scheduled dates of travel.
- D. Advisors/Chaperones shall ensure that each student fills out all appropriate forms (see attached checklist) at any time they are leaving campus on a college sponsored trip. (If the student is a minor, i.e. under 18 years of age, the form is to be filled out by the student’s parent or guardian).
  1. Only those individuals riding in a commercial, rental or college vehicle are covered by the college comprehensive insurance while in transit.
  2. Consumption of alcoholic beverages is not permitted during any college sponsored activity.
- E. All student groups or individual students shall travel either by plane, train or bus. Travel by private car will not be allowed under any circumstances.
- F. Students (regardless of age) shall be under the control and direction of the Advisor(s)/Chaperone(s) at all times while on trips away from the campus. Advisor(s)/Chaperone(s) shall ensure that all students conduct themselves as worthy representatives of the college and make students aware of appropriate dress requirements during the event.
- G. Students are required to adhere to all other provisions of the Student Rights and responsibilities Code of Conduct at all times while participating in college sponsored activities.

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## Anticipated Travel Expense Form

Club / Organization Name \_\_\_\_\_

Club Advisor \_\_\_\_\_ Phone \_\_\_\_\_ Room \_\_\_\_\_

Event \_\_\_\_\_

Date(s) \_\_\_\_\_

Location \_\_\_\_\_

Mode of Transportation \_\_\_\_\_

Item	# Attendees	Fee	# Days	# Room	Total
Student - Registration					
Advisor -Registration					
Meals					
Lodging					
Transportation					
Taxi / Shuttle					
Tolls					
Mileage (\$0.445 p/miles)					
Gas					
Other					

Total Anticipated Expenses \_\_\_\_\_

Total Amount Organization Will Contribute \_\_\_\_\_

Total Amount Requested From Student Life Funds \_\_\_\_\_

\_\_\_\_\_  
Signature of Club / Organization President      Date

\_\_\_\_\_  
Signature of Club Advisor Faculty/Staff Chaperone      Date

\_\_\_\_\_  
Student (If unaffiliated with a campus organization)

\_\_\_\_\_  
Student Life Funds Committee Recommendation  
Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Director of Student Life Approval      Date

\_\_\_\_\_  
Amount Allocated \$

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## Funds Request & Travel Rationale Form

\_\_\_\_\_ *Date of Request*

Club / Organization Name \_\_\_\_\_

Club Advisor \_\_\_\_\_ Phone \_\_\_\_\_ Room \_\_\_\_\_

Event \_\_\_\_\_

Date(s) \_\_\_\_\_

Location \_\_\_\_\_

Mode of Transportation \_\_\_\_\_

Rationale for Attendance

Benefit to Organization

Number of Students in Organization \_\_\_\_\_

Number of Students Attending Event \_\_\_\_\_

Number of Chaperones Attending Event \_\_\_\_\_ *Attach Approved P-2 Form(s)*

Total Anticipated Expenses \_\_\_\_\_ Amount Requested \_\_\_\_\_

\_\_\_\_\_  
Club Advisor or Lead Faculty/Staff Chaperone      Date

\_\_\_\_\_  
Department Supervisor      Date

\_\_\_\_\_  
Director of Student Life Approval      Date

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# Chaperone Form

Organization Name \_\_\_\_\_

Event \_\_\_\_\_

Date(s) \_\_\_\_\_

Location \_\_\_\_\_

Chaperones:

_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Club Advisor or Lead Faculty/Staff Chaperone      Date

\_\_\_\_\_  
Department Supervisor      Date

\_\_\_\_\_  
Director of Student Life Approval      Date

IN CASE OF DISCIPLINARY PROBLEMS WITH STUDENT AND/OR TRANSPORTATION, HOTEL ACCOMODATIONS ETC., PLEASE CALL STUDENT LIFE AT 305-237-2321 OR DEAN'S OFFICE AT 305-237-2301. ON WEEKENDS: CONTACT SECURITY AT 305-237-2100 AND THEY WILL CONTACT DIRECTOR OF STUDENT LIFE OR DEAN OF STUDENT SERVICES.

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## Certification for Receipt of Meals Form

- I. Faculty / Staff Sponsors and students signing below do verify their presence and acknowledge receipt of three meals per day where applicable from departure to return.
- II. The roster listed below is for students traveling to:

Destination	Event
Date(s) of Event	Organization

<i>Student Name</i>	<i>Amount Received</i>	<i>Sstudent #</i>	<i>Student Signature</i>
<i>Sponsor Name</i>	<i>Sponsor #</i>		<i>Sponsor Signature</i>

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## *Agreement for Off Campus College Activity*

STUDENT NAME

STUDENT NUMBER

The agreement below is designed to protect our group members in the event that an emergency might require the immediate action parents would take if they were present and also, as a necessary precaution, to protect Miami-Dade College from claims which might be made by members of the group and/or their parents/families.

In years the college has been sponsoring off-campus activities, incidents of the type covered by this agreement have been negligible. However, parents would not wish their sons or daughters to join a group under the auspices of an organization that disregarded even the remotest contingency.

We recommend that you read the provisions of this agreement carefully and if not fully understood please consult with your attorney. We hope that we shall have your full cooperation.

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### **RELEASE**

As a student of Miami-Dade College. I do willingly execute this release in consideration of the educational benefit derived by me by my participation in \_\_\_\_\_ (specify activity). I hereby release from liability and hold Miami-Dade College harmless from and all claims and causes of action which might brought by me, my parents, spouse or dependents for loss of property, personal injury or death sustained by me arising out of any travel or activity conducted by or under the control of Miami-Dade College. It is understand that Miami-Dade College as used herein shall include the employees, administrators, agents and Board of Trustees of Miami-Dade College. I understand that my participation in the \_\_\_\_\_ activity is voluntary and that I may choose not to attend.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian    Date  
(If student is under 18yrs. Old)

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## Student Delegate Contract

STUDENT NAME

STUDENT NUMBER

\_\_\_\_\_

\_\_\_\_\_

I hereby agree to fulfill all terms of this agreement as a delegate of Miami-Dade College to the event listed below.

1. I understand that, as a representative of Miami-Dade College, I will stay with the delegation at the designated site of the event and return with the delegation via transportation provided and approved by MDC.
2. I will attend all necessary pre-conference, on-site and post conference delegation meetings.
3. I will attend and actively participate in all aspects of the conference.
4. I realize that I am a representative of Miami-Dade College and that I have been chosen to represent it and its interests. As such a representative, I understand that any actions I take at the conference will negatively or positively affect opinions of others about the college.
5. As a delegate, I will engage in behaviors that are responsible and mature. I understand that intoxication, use of illegal substance, abusive or inappropriate language and / or behavior resulting in the breaking of conference, hotel or MDC rules, may result in dismissal from the delegation and the conference. I further understand that if any action is in violation of the MDC Student Code of Conduct or the College Discrimination or Harassment Policy I may also be subject to college disciplinary action. If asked to leave the conference, I understand that I will be responsible for reimbursing MDC for any and all expenses incurred for my participation.
6. I hereby certify that I am a duly enrolled student for at least 6 academic credits, in good standing and I release my cumulative GPA to the Office of Student Life for verification.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Club Advisor, Coach or Faculty / Staff Chaperone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Student Life Approval

\_\_\_\_\_  
Date

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## Notice of Class Absence Due To Activities

STUDENT NAME

STUDENT NUMBER

\_\_\_\_\_

\_\_\_\_\_

*Reason for the Absence (50 words or less)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Dates of Absence*

*Permission to make up class work missed during absence.*

Reference Number	Instructor	Approved	Rejected	Signature of Instructor

Instruction to students:

1. List the classes by sequence number and instructor that you will miss during your absence.
2. Contact your instructor(s) for class assignments and to secure permission to make up class work missed.
3. Obtain the signature of your Club Advisor or Faculty / Staff Chaperone for the event.
4. Return the completed form to the Director of Student Life no later than two weeks prior to the date of absence.

\_\_\_\_\_  
Club Advisor or Faculty / Staff Chaperone      Date

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## *Emergency Contact Information*

This document and its content constitute a student record and are exempt from public records under 1002.22 and 1006.52, Florida Statutes. The contents of this document can only be disclosed with the Student's and/or Parent(s)/Guardians consent.

**STUDENT NAME**

**STUDENT NUMBER**

\_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

E-Mail:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Alternate Phone:

\_\_\_\_\_

**EMERGENCY CONTACT:**

Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

E-Mail:

\_\_\_\_\_

Alternate Phone:

\_\_\_\_\_

I hereby certify that all of the above information given is true and accurate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# MIAMI DADE COLLEGE

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## Permission for Emergency Treatment

This document and its content constitute a student record and are exempt from public records under 1002.22 and 1006.52, Florida Statutes. The contents of this document can only be disclosed with the Student's and/or Parent(s)/Guardians consent.

STUDENT NAME

STUDENT NUMBER

\_\_\_\_\_

\_\_\_\_\_

I / We hereby authorize the appointed representative(s) of Miami-Dade College to obtain and authorize medical treatment as is necessary to protect the well-being of my child. Including, authorization for emergency treatment, anesthesia, and/or surgery as deemed necessary. Further, I / We do hereby release and agree to hold harmless Miami-Dade College and its representatives from any and all claims which may arise from said medical treatment.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**NOTE:** On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since in some countries/states student under the age of 21 years of age might not be administered an anesthetic or operated on without the written consent of the parent or guardian, we request that the parent or guardian sign this document in order to prevent a dangerous delay in the administration of emergency medical attention.

### Emergency Medical Information

Do you suffer from any of the following conditions:

Allergies

Asthma

Convulsions

Heart Trouble

Diabetes

Fainting Spells

Bleeding Disorders

Other (\_\_\_\_\_)

Do you wear:

Contact Lenses

Dentures

Are you currently taking any medications? (Please list)

\_\_\_\_\_



## *Student Travel Packet Checklist*

### **To be completed by the advisor:**

- \_\_\_\_\_ Anticipated Travel Expense Form
- \_\_\_\_\_ Funds Request & Travel Rationale Form
- \_\_\_\_\_ Chaperone Form
- \_\_\_\_\_ Departmental Request and Authorization for Leave Form (P-2)
- \_\_\_\_\_ Travel Advance and Expenses for Student Services Monies
- \_\_\_\_\_ Certification for Receipt of Meals Form

### **To be completed by the student:**

- \_\_\_\_\_ Agreement for Off Campus College Activity
- \_\_\_\_\_ Student Delegate Contract
- \_\_\_\_\_ Notice of Class Absence Due to Activities
- \_\_\_\_\_ Emergency Contact Information
- \_\_\_\_\_ Permission for Emergency Treatment

### **To be completed by Student Life if applicable:**

- \_\_\_\_\_ Airline Ticket Release (ATR) Form

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## **Kendall Campus** **Travel Advisory**

Name of Organization: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

By accepting this invitation, you agree to:

- Travel with the group at all circumstances during times designated for them. Any exception must have the adviser's prior approval. College policy forbids student travel in a private vehicle.
- Abide by all rules of conduct set forth by the college and the adviser.
- If circumstances arise that would affect your participation, it is essential that you notify the adviser immediately, either in person or by the telephone

### **THE PURPOSE**

The purpose is to provide a learning experience through attendance at

### **TRANSPORTATION**

Travel will be in a:

- Plane
- Rented bus

Number of Students: \_\_\_\_\_

Number of Chaperones: \_\_\_\_\_

**Limit your luggage to one suitcase.**

College policy requires students to travel with the group at all times. A student who fails to comply with the regulation is subject to college disciplinary action, dismissal from the Organization, and reimbursement of the college for the full cost of the student's participation in the trip.

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**DEPARTURE FROM:** \_\_\_\_\_

**TIME AND LOCATION:** \_\_\_\_\_

**RETURN FROM:** \_\_\_\_\_

**TIME AND LOCATION:** \_\_\_\_\_

**COST:**

The college and the organization, through its advertising revenue, pay for your transportation, registration and hotel rooms, and you will receive a meal allowance of \$\_\_\_\_\_ on departure. There is no cost to you, other than personal items such as laundry and telephone calls.

Hotel charges beyond the cost of the room will be your responsibility. Pay for any room service in cash, and refrain from making calls on the room telephone. This is not only to avoid the hotel's telephone surcharge, but also to limit room bills to the basic room rate for college accounting purposes. Use a cell phone or a pay phone in the lobby.

Students will share nonsmoking rooms.

**LOCATION:**

**SCHEDULE TO FOLLOW:**

**DRESS AND CONDUCT:**

Students are expected to conduct themselves as worthy representatives of the college at all times. Proper dress is required depending on the occasion.

No alcoholic beverages permitted, regardless of your age. That is college policy. If your cause any theft or damage to a facility, property or equipment, you will have to pay for it.

*Have a good time. Learn and enjoy!*