



REQUEST FOR LEAVE OF ABSENCE AND REIMBURSEMENT

NAME DATE
 MDID NUMBER CATEGORY OF OUT-OF-COUNTY TRAVEL
 DEPARTMENT NAME QUAL #
 BEGINNING DATE ENDING DATE
 STATUS DEPARTMENT TEL. #

CHECK TYPE OF DUTY OR LEAVE: INSERT # OF DAYS/HOURS IN LEAVE CATEGORY
 (Department will report hours in Time & Attendance)

HOURS

TEMPORARY DUTY TRAINING
 SUBSTITUTE REQUESTED
 * CONSULTING WITHOUT PAY

EXPLANATION OF REQUEST: CONFERENCE, CONVENTION OR OTHER **(DO NOT USE ABBREVIATIONS OR ACRONYMS)**
 CONFERENCE/CONVENTION NAME:

DESCRIPTION:
 Employee must state benefits accruing to MDC. (Ref. Procedure 3400)

SPONSOR:

LOCATION:

Signature of Employee

RECOMMENDED FOR APPROVAL:

Chairperson/Supervisor	Associate Dean/Director	Dean	Campus President/Vice Provost or Designee	College President or Designee
Date:	Date:	Date:	Date:	Date:

If no travel expenses are requested, indicate organization or person paying actual expenses. (Require Name or Agency)

Request for reimbursement while on official business for Miami Dade College

Account #

DO NOT COMPLETE FOR LEAVE W/O EXPENSES

Common Carrier/Teleticket #	(ACTUAL)	Estimated Expenses	Actual Expenses
Mileage			
Vicinity Mileage/Auto Rental			
Per Diem			
Lodging			
Meals			
**Registration (Include Advance)			
Other: Specify (Taxi, Toll, Parking etc.)			
Total			

Time Temporary Duty started Date: **Time Temporary Duty Ended** Date:

I hereby affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties.

APPROVED:

Signature of Supervisor

Signature of Traveler

*Explanation or leave plan needed. **If meals are a part of the registration fee, they must be included under the meals section and deducted from the registration fee.