Miami Dade College

Student Life

J NORTH CAMPUS J KENDALL CAMPUS J WOLFSON CAMPUS
J MEDICAL CENTER CAMPUS J HOMESTEAD CAMPUS J INTERAMERICAN CAMPUS

Anticipated Travel Expense Form

Club / Organization Name _____

Club Advisor _____ Phone _____ Room _____

Event _____

Date(s) _____

Location _____

Mode of Transportation _____

Registration Fee $ _____ x _____ = _____
(# of students)

Meals $ _____ x _____ x _____ = _____
(Per Day) (# of students) (# of days)

Lodging $ _____ x _____ x _____ = _____
(Per Day) (# of rooms) (# of days)

Transportation $ _____ x _____ = _____
(# of students)

Miscellaneous Expenses: Tolls _____ Taxis _____ 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 $