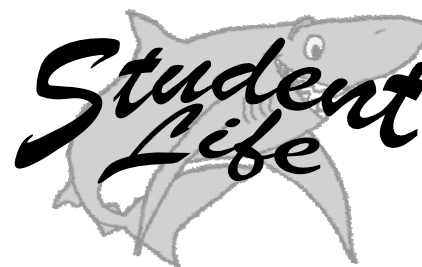




Miami Dade College



J NORTH CAMPUS

J KENDALL CAMPUS

J WOLFSON CAMPUS

J MEDICAL CENTER CAMPUS

J HOMESTEAD CAMPUS

J INTERAMERICAN CAMPUS

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