

# STUDENT LIFE STUDENT TRAVEL PACKET CHECKLIST



TO BE COMPLETED BY THE ADVISOR 8-10 WEEKS IN ADVANCE OF TRAVEL

## CHECKLIST

At the time this packet is submitted all the items below should be checked.

- Anticipated Travel Expense Form - page 5
- Funds Request & Travel Rationale Form (if applicable) - page 6
- Chaperone Form - page 7
- Departmental Request and Authorization for Leave Form (P-2)
- Travel Advance and Expenses for Student Services Monies Form
- Certification for Receipt of Meals Form - page 8  
(Student Life will verify final departure and arrival times which may affect travel monies)
- Conference Agenda/Travel Itinerary
- Hotel Reservation
- Florida Driver's Record Search Form (if applicable)
- Room Assignment Form (if applicable)
- Application for use of Travel Funds (if applicable)
- College Vehicle Reservation (for in-state travel only) **OR** Rental vehicle invoice
- Airline
- Transportation reservation

## TO BE COMPLETED BY THE STUDENT

- Agreement for Off Campus College Activity/Student Delegate Contract - page 9
- Notice of Class Absence Due to Activities - page 11
- Emergency Contact Information - page 10
- Permission for Emergency Treatment - page 10
- Rooming forms\*

## TO BE COMPLETED BY STUDENT LIFE IF APPLICABLE

- Airline Ticket Release (ATR) Form

\_\_\_\_\_  
Name of Requestor

\_\_\_\_\_  
Signature

\* Date (6 week advance) \_\_\_\_\_

STUDENT LIFE MANUAL OF PROCEDURES  
AS IT REFLECTS POLICY NUMBER 3450

TITLE	NUMBER	PAGE
TRAVEL ADVANCES FOR ESTIMATED EXPENSES PERTAINING TO STUDENT LIFE FUNDS BASED ON POLICY NUMBER AND TITLE	3450 DATE	1 OF 2
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 6:00 a.m.)
      - Lunch: \$11.00** (when travel begins before Noon)
      - Dinner: \$19.00** (when travel begins before 6:00 p.m.)

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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.

- A. Student Life travel policies and procedures are only applicable to student organizations and clubs. Students must be accompanied by and travel with an approved\* faculty or staff sponsor/chaperone unless otherwise approved by Student Dean. Depending on the nature of the travel, one chaperone will be approved by the student dean for every 10-15 students. For travel involving lodging, each student must have his/her own bed. (\*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 8-10 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)  
(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).
- E. Only those individuals riding in a commercial, rental or college vehicle are covered by the college comprehensive insurance while in transit.
1. All Chaperones driving rental/college vehicle must have approval from risk management.
  2. All student groups or individual students shall travel either by approved college transportation.  
Travel by private car will not be allowed under any circumstances. Advisors/Chaperones are prohibited from transporting students in their private personal vehicles.
- F. Students (regardless of age) shall be under the supervision and direction of the College 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. Per Procedure 4030 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.
1. Consumption of alcoholic beverages is not permitted during any college sponsored activity.

# STUDENT LIFE ANTICIPATED TRAVEL EXPENSE FORM



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

Club Advisor \_\_\_\_\_

Phone \_\_\_\_\_ Room \_\_\_\_\_

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

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

Item	Quantity	Fee	# Days	# Room (s)	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 Department Approval \_\_\_\_\_ Date \_\_\_\_\_

Budget Holder Approval \_\_\_\_\_ Date \_\_\_\_\_

Department Head Approval \_\_\_\_\_ Date \_\_\_\_\_

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

**STUDENT LIFE  
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**  
(please specify how your participation aligns with college initiatives such as SAI, the learning outcomes, legislative advocacy, and/or the Strategic Plan)

**BENEFITS 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 \_\_\_\_\_

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

Event \_\_\_\_\_

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

Miami Dade College sponsored trips, initiated by student organizations or any College Department are only for the approved students and the MDC Chaperones listed on the Chaperone Form(s). Friends, family members, and other non-College related acquaintances are not permitted to accompany students and/or Chaperones on Miami Dade College sponsored trips. By signing this form as a MDC Chaperone, I understand that I am expected to be present on a full-time basis during the duration of this activity/travel.

Chaperones Name	Cell phone	Signature

IN CASE OF DISCIPLINARY PROBLEMS WITH STUDENT AND/OR TRANSPORTATION, HOTEL ACCOMODATIONS ETC.,  
PLEASE CALL YOUR RESPECTIVE STUDENT LIFE OR DEAN'S OFFICE.

Depending on the nature of the travel, one chaperone will be approved by the student dean for every 10-15 students.  
Please see your Student Life office for all travel procedures and special circumstances.





# STUDENT LIFE AGREEMENT FOR OFF CAMPUS COLLEGE ACTIVITY



PLEASE SELECT HOME CAMPUS:

- Hialeah     Homestead     InterAmerican     MDC West     Medical     Kendall     North     Wolfson

Name \_\_\_\_\_ ID number \_\_\_\_\_ Cell phone \_\_\_\_\_

## AGREEMENT FOR OFF CAMPUS COLLEGE ACTIVITY

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 their parents.

In the 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.

## 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 be brought by me, my parents 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 understood that Miami Dade College as used herein shall include the employees, administrators, agents and Board of Trustees of Miami Dade College.

## STUDENT DELEGATE CONTRACT

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 use of illegal substance, alcohol, abusive or inappropriate language, and/or behavior resulting in the violation 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 in good standing and I release my cumulative GPA to the Office of Student Life for verification.
7. Any incidentals (room svc, laundry, personal items, etc.) are your responsibility.

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 Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

# STUDENT LIFE PERMISSION FOR EMERGENCY TREATMENT



PLEASE SELECT HOME CAMPUS:

- Hialeah     Homestead     InterAmerican     MDC West     Medical     Kendall     North     Wolfson

Name \_\_\_\_\_ ID number \_\_\_\_\_

## PERMISSION FOR EMERGENCY TREATMENT

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.

NOTE: On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since in some countries/ states students 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 (Specify)
- Do you wear                       Contact Lenses                       Dentures

Are you currently taking any medications? (Please List) \_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

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 Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT LIFE**  
**NOTICE OF CLASS ABSENCE DUE TO ACTIVITIES**



Name \_\_\_\_\_ ID number \_\_\_\_\_

Reason for Absence (50 words or less) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Permission to Make Up Class Work Missed During Absence \_\_\_\_\_ Date of Absence \_\_\_\_\_

Sequence 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.

**APPLICATION FOR USE OF CAMPUS TRAVEL FUNDS**  
Attach to Leave Request (P-2)

Name \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_

**I. Essential College Business**

(Complete question 1 only and get approval)

**II. Training is identified as necessary by the Campus/District area \_\_\_\_\_.**

(Complete questions 1, 2, 6 & 7)

**III. Development of programs selected for support by the campus \_\_\_\_\_.**

**IV. Attendance at a conference or workshop: I am the \_\_\_\_\_ attendee \_\_\_\_\_ presenter**

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1. What is the purpose of travel?

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2. How does the conference, workshop or on-site visit relate to current or new program initiatives?

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3. Which campus, division or department goals will be addressed?

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(Continue on back)

4. How does the conference or workshop relate to your training needs or skill proficiency?

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5. How does the conference or workshop enhance your professional development?

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6. What specific steps will be taken to disseminate this information to your Colleagues?  
Campus Administration?

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7. What is the timetable for this dissemination to take place?

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DO NOT WRITE BELOW THIS LINE

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Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor**



**MIAMI DADE COLLEGE  
TRAVEL ADVANCE AND EXPENSES FOR STUDENT SERVICES MONIES**

**PART A REQUEST FOR ADVANCE** (After approval, submit to Accounts Payable with an approved Disbursement Request Number)

1. I request a travel advance in the amount of \$ \_\_\_\_\_, estimated expenses for a Student Services Sponsored event to be held at \_\_\_\_\_

on \_\_\_\_\_  
Months                                  Days                                  Year

This request is on behalf of \_\_\_\_\_ faculty members and \_\_\_\_\_ students

Estimated Departure:    Time: \_\_\_\_\_    Date: \_\_\_\_\_

Estimated Return:        Time: \_\_\_\_\_    Date: \_\_\_\_\_

2. Estimated Expenses:

A. Faculty / Student Meals:

Breakfasts _____	@ \$ _____	= \$ _____
Lunch _____	@ \$ _____	= \$ _____
Dinner _____	@ \$ _____	= \$ _____
Postgame meal _____	@ \$ _____	= \$ _____

TOTALS \$ \_\_\_\_\_

B. Other Expenses:

Transportation \$ _____
Lodging \$ _____
Fees \$ _____
Misc. \$ _____

TOTALS \$ \_\_\_\_\_

C. Total of estimated expenses (Lines A+B) ----- \$ \_\_\_\_\_

Requestor \_\_\_\_\_  
Date \_\_\_\_\_

Approved \_\_\_\_\_  
Dean of Admin. / Academics / Student Svcs.    Date \_\_\_\_\_

Approved \_\_\_\_\_  
Student Life Director / Dept. Chairperson    Date \_\_\_\_\_

Approved \_\_\_\_\_  
Campus President (signature)    Date \_\_\_\_\_

ACCOUNT NUMBERS: A) Advance \_\_\_\_\_

B) Expense \_\_\_\_\_

**PART B ACCOUNTING OF MONIES ADVANCED** (Complete upon return and submit to Accounts Payable)

Departure date and time \_\_\_\_\_    Return date and time \_\_\_\_\_

1. Check issued to: \_\_\_\_\_    S.S. No.: \_\_\_\_\_

Check No.: \_\_\_\_\_ (type or print)    Check Date: \_\_\_\_\_    Check Amount \$: \_\_\_\_\_

2. Transportation:

a. Automobile \$ _____	(.445 cents per mile)
b. Bus \$ _____	
c. Air \$ _____	
d. Train \$ _____	
	TOTAL \$ _____

3. Lodging (Receipts attached) ----- TOTAL \$ \_\_\_\_\_

4. Meals (Form FM - A - 2A attached) ----- TOTAL \$ \_\_\_\_\_

5. Other expenses:

a. Taxi \$ _____	
(Receipts as    b. Fees \$ _____	
required)      c. Misc. \$ _____	
	TOTAL \$ _____

6. Total amount expended (Lines 2+3+4+5) ----- \$ \_\_\_\_\_

7. Balance (due to) (returned by) recipient (line 1 minus 6)    \$ \_\_\_\_\_

8. Disposition of balance (Line 7):

a. Balance due recipient, Disbursement Request No. _____	Date _____
b. Balance returned by recipient, receipt No. _____	Date _____

I hereby certify or affirm that this statement of travel advance and expenses is true and correct in every material matter; that the expenses were actually incurred and necessary travel expenses in the performance of official duties.

\_\_\_\_\_  
Signature of recipient of advance                                  Date

**APPROVED:** \_\_\_\_\_  
Signature of Business Affairs Officer

\_\_\_\_\_  
Campus                                  Department / Division



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 (SEE INSTRUCTIONS) ?

\* PROFESSIONAL LEAVE WITH PAY

\* PROFESSIONAL LEAVE WITHOUT PAY

\* PROFESSIONAL DEVELOPMENT

SUBSTITUTE REQUESTED

\* MILITARY (ATTACH COPY OF ORDERS)

D \* CONSULTING

\* PERSONAL

\* ADMINISTRATIVE LEAVE (SUBPOENA, JURY DUTY)

\* SICK LEAVE POOL (DOCTOR'S STATEMENT MUST BE ATTACHED)

SICK LEAVE WITHOUT PAY (MORE THAN 30 CALENDAR DAYS)

SUSPENSION

BOARD APPROVAL DATE

FAMILY AND MEDICAL LEAVE (FMLA)

ENTER TOTAL HOURS FOR EACH TYPE

SICK LEAVE WITH PAY

SICK LEAVE WITHOUT PAY

VACATION

FLEXIBLE HOLIDAYS

PERSONAL LEAVE WITHOUT PAY

PSAL

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

Estimated Expenses

Actual Expenses

Common Carrier/Teleticket #

(ACTUAL)

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 Financial Affairs Officer

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.

