

- NORTH CAMPUS
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- HIALEAH CAMPUS
- KENDALL CAMPUS
- HOMESTEAD CAMPUS
- WOLFSON CAMPUS
- INTERAMERICAN CAMPUS

# Student Travel Packet

# 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: \$3.00 (when travel begins before 6:00am and extends beyond 8:00am)

Lunch: \$6.00 (when travel begins before 12:00 noon and extends beyond 2:00pm)

Dinner: \$12.00 (when travel begins before 6:00pm and extends beyond 8:00pm)

<u>TITLE</u>	NUMBER	PAGE
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.

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.

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# Travel Policies & Procedures

- A. Students must be accompanied by and travel with an approved\* faculty or staff sponsor/chaperone. (*\*Approved P-2 Form Required*)
- B. 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 one month prior to the scheduled dates of travel.
- C. 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.
- D. All student groups or individual students shall travel either by plane, train, bus, rental car or campus vehicle. Travel by private car will not be allowed under any circumstances.
- E. Students (regardless of age) shall be under the supervision 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.
- F. 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.

**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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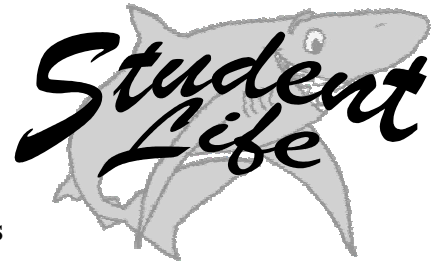
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DO NOT WRITE BELOW THIS LINE

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





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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

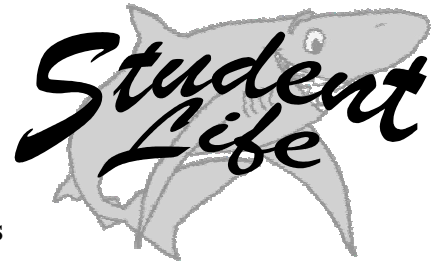
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



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# Chaperone Form

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

Event \_\_\_\_\_

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

Location \_\_\_\_\_

Chaperones:

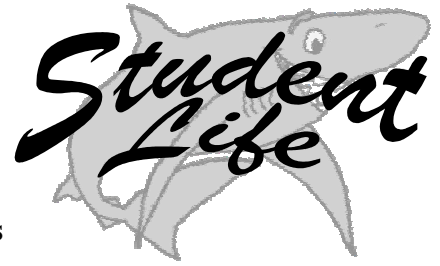
_____	_____
_____	_____
_____	_____
_____	_____

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

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

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

\_\_\_\_\_  
Dean of Student Affairs Approval      Date



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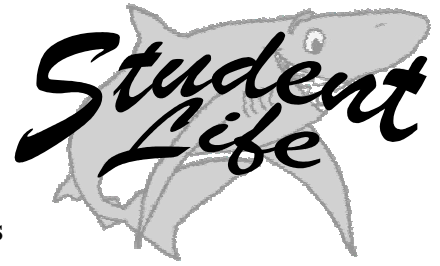
# *Certification for Receipt of Meals Form*

- 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>Social Security #</i>	<i>Student Signature</i>
<i>Sponsor Name</i>	<i>Social Security #</i>		<i>Sponsor Signature</i>





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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 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 in good standing and I release my cumulative GPA to the Office of Student Life for verification.

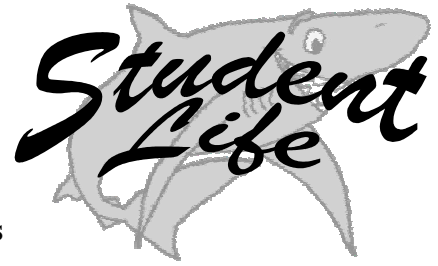
\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
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.*

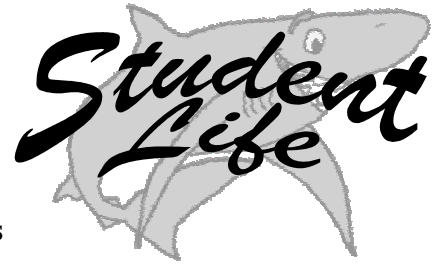
Sequence Number	Instructor	Approved	Rejected	Signature of Instructor

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.

\_\_\_\_\_

Club Advisor or Faculty / Staff Chaperone      Date



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# Emergency Contact Information

STUDENT NAME

STUDENT NUMBER

\_\_\_\_\_

\_\_\_\_\_

Address:

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

E-Mail:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Alternate Phone:

\_\_\_\_\_

**EMERGENCY CONTACT:**

Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Address:

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

E-Mail:

\_\_\_\_\_

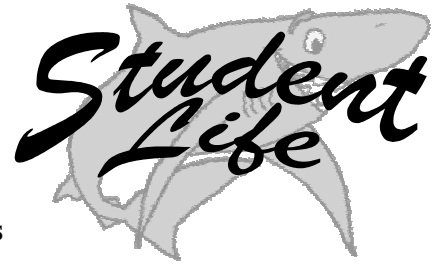
Alternate Phone:

\_\_\_\_\_

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

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

\_\_\_\_\_  
Date



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# Permission for Emergency Treatment

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)

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



**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 Adm./ Student Services Date \_\_\_\_\_

Approved \_\_\_\_\_  
 Director of Student Life 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.: \_\_\_\_\_

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

2. Transportation: a. Automobile \$ \_\_\_\_\_ (29 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)

\* 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 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.





Miami Dade College



**AIRLINE TICKET RELEASE (ATR) FORM**

This form must be signed by the traveler's Campus/District authorizer (or their designee). Once approved, this form is to be faxed to Lorraine Travel at (305-441-9444). All tickets will be issued as electronic tickets unless the traveler specifically requests that the ticket be delivered to the Campus Bursar's Office for pick-up. Please discuss the delivery of airline tickets with the travel agent's representative.

Traveler Name: \_\_\_\_\_  
Division/Department: \_\_\_\_\_ Campus Location: \_\_\_\_\_  
Traveler Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Name To Confirm Ticketing: \_\_\_\_\_  
Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Approval: The travel represented by the P-2 Form and this ATR have been approved:**

\_\_\_\_\_  
Signature of Campus/District authorizer and/or his/her designee Date

MDCC Qual / GL Code to be charged for the airline ticket: \_\_\_\_\_

Price Quoted \$ \_\_\_\_\_ (Note: An additional charge of \$12 will be added to the cost of the ticket as a processing fee. This fee will be waived if the traveler completes the reservation on-line through the Lorraine Travel web site at [www.lorrainetravel.com](http://www.lorrainetravel.com) . )

From Miami:	_____	_____	_____	_____
	Airline	Flight #	Date/Day	Departure Time
To:	_____	_____	_____	_____
	City/State	Date/Day	Arrival Time	

From:	_____	_____	_____	_____
	Airline	Flight #	Date/Day	Departure Time
To Miami:	_____	_____	_____	_____
	City/State	Date/Day	Arrival Time	

(Additional Itinerary form attached)

I agree that these are the times, days, and flights for my MDC business travel. **I understand that I am personally responsible for such charges if the travel is not approved. I agree to assume personal financial responsibility for this ticket if the College does not approve associated travel; and/or if the expenses are not funded by a designated College cost center; or that another travel agency tickets the airfare.**

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature of Traveler

\_\_\_\_\_  
Date

Miami-Dade College  
Airline Ticket Release (ATR) Form  
Additional Itinerary Information - Continuation

Traveler Name: \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

Qual and GL to be charged for travel: \_\_\_\_\_

Phone Number: \_\_\_\_\_

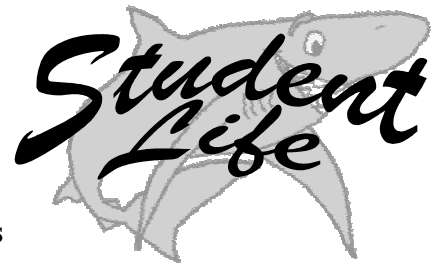
**Note: Use this form is only to be used if additional travel arrangements are to be made:**

From Miami:	_____	_____	_____	_____
	Airline	Flight #	Date/Day	Departure Time
To:	_____	_____	_____	_____
	City/State	Date/Day	Arrival Time	

From:	_____	_____	_____	_____	_____
	City/State	Airline	Flight #	Date/Day	Departure Time
To:	_____	_____	_____	_____	_____
	City/State	Date/Day	Arrival Time		

From Miami:	_____	_____	_____	_____
	Airline	Flight #	Date/Day	Departure Time
To:	_____	_____	_____	_____
	City/State	Date/Day	Arrival Time	

From:	_____	_____	_____	_____	_____
	City/State	Airline	Flight #	Date/Day	Departure Time
To :	_____	_____	_____	_____	_____
	City/State	Date/Day	Arrival Time		



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# *Student Travel Packet Checklist*

**To be completed by the advisor:**

- \_\_\_\_\_ Funds Request & Travel Rationale Form
- \_\_\_\_\_ Application for Use of Campus Travel Funds Form
- \_\_\_\_\_ Travel Advance & Expense Form (T form)
- \_\_\_\_\_ Departmental Request and Authorization for Leave Form (P-2)
- \_\_\_\_\_ Hotel Reservation
- \_\_\_\_\_ Van or Car Rental Reservation
- \_\_\_\_\_ Airline Reservation and Airline Ticket Release (ATR) Form
- \_\_\_\_\_ Chaperone Form
- \_\_\_\_\_ Certification for Receipt of Meals Form

**To be completed by the student(s):**

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

**To be approved by the Student Life Department:**

- \_\_\_\_\_ Travel Advance & Expense Form (T Form)
- \_\_\_\_\_ Airline Ticket Release (ATR) Form

## STUDENT TRAVEL CHECKLIST

Upon immediate return from the trip, please submit the following to the Student Life Department, to the attention of the Office Manager:

- 1) Travel Advance & Expense Form with part B completed and signed by the Faculty or Staff chaperone
- 2) All original receipts
- 3) Original Certification for Receipt of Meals Form with the student signatures
- 4) Copy of all supporting documentation

Faculty/Staff # attending \_\_\_\_\_

Date	Breakfast \$ 3.00	Lunch \$ 6.00	Dinner \$ 12.00	Total

Student (s) # attending \_\_\_\_\_

Date	Breakfast \$ 3.00	Lunch \$ 6.00	Dinner \$ 12.00	Total

Final Total: \$ \_\_\_\_\_

Please ensure that all of the required paperwork is accurately completed, signed by the appropriate individuals and submitted to the Director of Student Life a minimum of 60 days prior to the proposed date of travel.