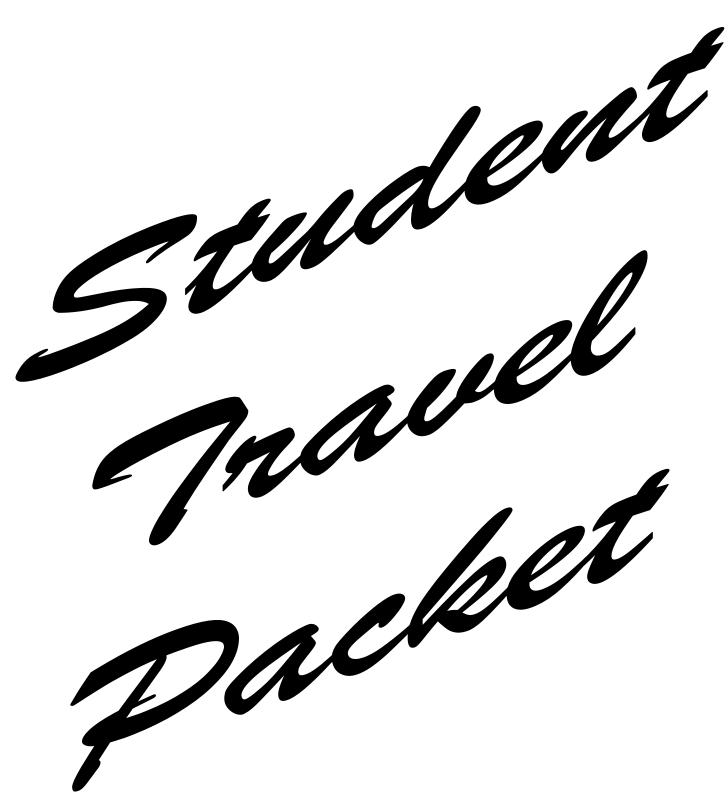
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- $\hfill\Box$  MEDICAL CENTER CAMPUS
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- ☐ KENDALL CAMPUS
- ☐ WOLFSON CAMPUS
- $\square$  HOMESTEAD CAMPUS  $\square$  INTERAMERICAN CAMPUS





### STUDENT LIFE MANUAL OF PROCEDURES

AS IT REFLECTS POLICY NUMBER 3450

TITLE	NUMBER	PAGE
TRAVEL ADVANCES FOR ESTIMATED EXPENSES PERTAINING TO		
STUDENT LIFE FUNDS	3450	1 OF 2
BASED ON POLICY NUMBER AND TITLE	DATE	
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 Statues, 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
BASED ON POLICY NUMBER AND TITLE	DATE	
III-5: TRAVEL FOR STUDENT LIFE		

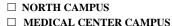
- 2. The Director of Student Life and all other authorized persons must approve the request and disbursement requisition. The Director of Student Life shall transmit the original approved request and signed check requisition to the Director of Accounting, retaining one copy and returning one copy t the 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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## Anavel 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).
  - Only those individuals riding in a commercial, rental or college vehicle are 1. 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.

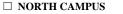


### APPLICATION FOR USE OF CAMPUS TRAVEL FUNDS Attach to Leave Request (P-2)

Name				
Depa	artment 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			
1.	What is the purpose of travel?			
2.	How does the conference, workshop or on-site visit relate to current or new program initiatives?			
3.	Which campus, division or department goals will be addressed?			
	(Continue on back)			
4.	How does the conference or workshop relate to your training needs or skill proficiency?			

5.	How does the conference or workshop enhance your professional development?
6.	What specific steps will be taken to disseminate this information to your Colleagues? Campus Administration?
7.	What is the timetable for this dissemination to take place?
	DO NOT WRITE BELOW THIS LINE
Appı	roved: Date: Supervisor



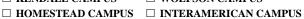


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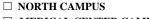


# Anticipated Travel Expense Form

		Phone	Room	
			1100111	
on				
\$	X(# of s	students)		-
\$ X X	(# of students)	$x_{\frac{\text{(# of days)}}{}} = \underline{\qquad}$		-
\$ x	(# of rooms)	$x_{\frac{\text{(# of days)}}{}} = \underline{\hspace{1cm}}$		-
\$	X(# of st	=		-
ses: Tolls	Taxi	Gas	Other	
zation Will Con				
President	Date	Signature of Club Advisor	Faculty/Staff Chaperone	Date
mpus organization)		Student Life Funds Comm Yes No	ittee Recommendation	
Director of Stude	ent Life Approval	Date		
	\$ X  \$ X  (Per Day)  \$ X  (Per Day)  \$ X  (Per Day)  Ses: Tolls  Denses  Zation Will Consted From Stude  President  In President	\$ x	\$ x =	\$ X

Amount Allocated \$





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Junds Request & Travel Rationale Forz

1	Date of	Request	
<b>61.</b> ( <b>6 .</b>	oj	<b>7</b>	
Club / Organization Name _			
Club Advisor		Phone	Room
Event			
Date(s)			
Location			
Mode of Transportation _			
Rationale for Attendance			
Benefit to Organization			
C			
Number of Students in Organiz	zation		
Number of Students Attending	Event	<del></del>	
Number of Chaperones Attendi	ing Event _	Attach Appro	oved P-2 Form(s)
Total Anticipated Expenses _		Amount Requeste	d
	e Date	Department Supervisor	Date

Director of Student Life Approval

Date



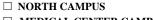
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- ☐ HOMESTEAD CAMPUS ☐ INTERAMERICAN CAMPUS



# Chaperone Form

Director of Student Life Approval	Date	Dean of Student Affairs Approval	Date
Club Advisor or Lead Faculty/Staff Chaperone	Date	Department Supervisor	Date
Chaperones:			
Location			
Date(s)			
Event			
Organization Name			





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## Vertification for Receipt of Meals Form

Faculty / Staff Sponsors and students signing below do verify their presence and acknowledge receipt of three meals where applicable from departure to return.			
	is for students traveling to:		
Destination		Event	
Date(s) of Event		Organization	
Student Name	Amount Received	Social Security #	Student Signature
Sponsor Name	Soci	ial Security #	Sponsor Signature





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s wreeme	ent for Off	Campus	College ,	etia.
K4.	STUDENT NAME	STU	DENT NUMBER	Z

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.

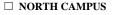
We recommend that you read the provisions of this agreement carefully and if not fully understood please consult with your attorney. We hope that we shall have your full cooperation.

\_\_\_\_\_

### RELEASE

As a sthe	student of Miar educational	ni Dade Co benefit	llege, I do derived	by	me	by	my	partio	nsiderati cipation release	in
which or dea contro	ty and hold Mia might be broug ath sustained b ol of Miami Da include the em	ght by me, r y me arisir ade College	ny parents on good out of a sundon. It is undo	or depe ny trav erstood	endents yel or a that M	for loss ctivity Iiami I	of pro condu Dade C	perty, p cted by ollege a	ersonal or und s used l	injury er the herein
Colleg				, 2						
Student S	Signature	Da	te	Signature	of Parent of	or Guardia	n		ate	





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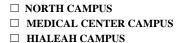
Ctud	ent Delega	rte Contr	2
	STUDENT NAME	STUDENT NUMBER	44

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.
- I will attend all necessary pre-conference, on-site and post conference 2. delegation meetings.
- I will attend and actively participate in all aspects of the conference. 3.
- 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 70 Activities

STUDENT NAME	STUDENT NUMBER
Reason for the Abser	nce (50 words or less)
Dates of	f 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.



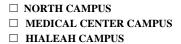
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- $\square$  KENDALL CAMPUS
- ☐ WOLFSON CAMPUS
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Gwergency Contact Informatia

	STUDENT NAME	STUDENT NUMBER
Address:		
E-Mail:		Home Phone:
		Alternate Phone:
EMERGENO	CY CONTACT:	
Name:	Relationship:	Home Phone:
Address:		
E-Mail:		Alternate Phone:
Thombon of Co	in the call of the above in County	· ·
I hereby certif	y that all of the above informati	ion given is true and accurate.
Student Signature	Date	





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ission for Emergency 7.

Permisso stu	JDENT NAME	STUDEN'	T NUMBER
authorize medical tre	eatment as is necessa	ry to protect the well-b	ni Dade College to obtain a
			rgery as deemed necessa
	·	gree to note narmiess hich may arise from sai	Miami Dade College and
representatives from	willy will will clothing wi		
Signature of Student	Date	Signature of Paren	t or Guardian Date
<b>NOTE:</b> On rare occasi develops. Since in some anesthetic or operated or	ions an emergency requi countries/states student n without the written con	iring hospitalization, surge under the age of 21 years on the parent or guar	ry, and/or other medical treatm f age might not be administered dian, we request that the paren ministration of emergency med
<b>NOTE:</b> On rare occasi develops. Since in some anesthetic or operated or guardian sign this documattention.	ions an emergency require countries/states student in without the written content in order to prevent a	iring hospitalization, surge under the age of 21 years on the parent or guar	ry, and/or other medical treatm f age might not be administered dian, we request that the paren
NOTE: On rare occasi develops. Since in some anesthetic or operated or guardian sign this docum	ions an emergency require countries/states student in without the written connent in order to prevent a formation	iring hospitalization, surge under the age of 21 years on the parent or guar	ry, and/or other medical treatm f age might not be administered dian, we request that the paren
NOTE: On rare occasi develops. Since in some anesthetic or operated or guardian sign this docum attention.  Emergency Medical Inf	ions an emergency require countries/states student in without the written connent in order to prevent a formation	iring hospitalization, surge under the age of 21 years on the parent or guar	ry, and/or other medical treatm f age might not be administered dian, we request that the paren
NOTE: On rare occasi develops. Since in some anesthetic or operated or guardian sign this docum attention.  Emergency Medical Inf Do you suffer from any of the form Allergies	ions an emergency require countries/states student in without the written connent in order to prevent a comment of comments.  Cormation  Collowing conditions:  Asthma	iring hospitalization, surge under the age of 21 years on sent of the parent or guar a dangerous delay in the ad	ry, and/or other medical treatm f age might not be administered dian, we request that the paren ministration of emergency med 



### 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)

		of \$		penses for a Student Serv	ices Sponsored	t
on Months	Days	Year	·			
				s and	stuc	dents
Estimated R 2. Estimated Expenses:	Return: Time:_		Date:			
A. Faculty / Student N	Lunch Dinner			= 9 = 9	S	
	Postgame me	eal	@ \$	TOTALS \$	; 	
Ĺ	_odaina \$					
C. Total of estimated	Visc. \$ expenses (Lines A+	B)		TOTALS \$ \$		
Requestor						
		Date		Dean of Adm./ Student	Services D	Date
Approved Director of	Student Life	Date	Approved	Campus President (sig	nature) C	Date
ACCOUNT NUMBERS:	A) Advance		B) Expense			
Departure date and time  1. Check issued to:			Return date a	and time		
Check No.:	(type	or print) Check Date:		Check Amount \$: _		
2. Transportation:	a. Automobile b. Bus c. Air	\$ \$ \$	<u> </u>	per mile)		
3. Lodging (Receipts atta	d. Train ached)	\$		TOTAL \$ TOTAL \$ TOTAL \$	<u> </u>	
5. Other expenses:  (Receipts as required)	'	\$ \$		TOTAL \$	_	
6. Total amount expende 7. Balance (due to) (returne 3. Disposition of balance	ed by) recipient (line 1 r			\$		
a. Balance due recip	oient, Disbursement I	Request No No		Date Date		
hereby certify or affirm texpenses were actually in	hat this statement of ncurred and necessa	travel advance and expery travel expenses in the	enses is true and co e performance of off	orrect in every material ma ficial duties.	ter; that the	
			Signature of re	cipient of advance	Da	ate
APPROVED:		····				
Sigr	nature of Business Aff	airs Officer	Campus	Depa	artment / Divisio	n

NAME:	MIAMI DADE COLI REQUEST FOR LEA		AND REIMBU	RSEMENT	DATE:		?
MDID NUM	BER		2	CATEGORY (	OF OUT-OF-CO	UNTY TRAVEL	
DEPARTME	ENT NAME			QUAL#			
BEGINNING	G DATE		H	ENDING DAT	ΓE		
STATUS			Ι	DEPARTMEN	T TEL.#		
CHECK TYL	PE OF DUTY OR LEAV	VE: INSERT # OF D	AYS/HOURS	IN LEAVE C	ATEGORY (Depar	rtment will report hours	in Time & Attendance)
	* PROFESSIONAL LI * PROFESSIONAL LI * PROFESSIONAL LI * PROFESSIONAL DI SUBSTITUTE REQU * MILITARY (ATTACH	EAVE WITH PAY EAVE WITHOUT PA EVELOPMENT JESTED	NG (SEE INSTRU AY	JCTIONS) 🥐	ENTER TO	D MEDICAL LEADTAL HOURS FOR EADE WITH PAY	СН ТҮРЕ
D	* CONSULTING * PERSONAL					EAVE WITHOUT	PAY
	* ADMINISTRATIVE * SICK LEAVE POOL	(DOCTOR'S STATEME	ENT MUST BE A		VACA'		
	SICK LEAVE WITH SUSPENSION	OUT PAY (MORE TH	IAN 30 CALENDA	AR DAYS)	FLEXI	BLE HOLIDAYS	
	BOARD APPROVA	L DATE			PERSC PSAL	NAL LEAVE WIT	THOUT PAY
CONFEREN	ust state benefits accruir	AME:		OTHER (DC	) NOT USE ABI	REVIATIONS O	R ACRONYMS)
	NDED FOR APPROVA	L:			Signatu	ure of Employee	
Chairperson/Suj	pervisor	Associate Dean/Director		Dean		s President/Vice or Designee	College President or Designee
Date:	 expenses are requested	Date:indicate organization	_	ving actual ex	_ Date: _		Date:
	eimbursement while on				penses. (require	Account #	
Common Car Mileage Vicinity Mile Per Diem Lodging Meals **Registration	OMPLETE FOR LEAVE rrier/Teleticket # eage/Auto Rental on (Include Advance) fy (Taxi, Toll, Parking etc.)	W/O EXPENSES	(ACTUAL)	Estimated E	xpenses	Actual Expenses	
Time Tempo	rary Duty started	Date:		•	ary Duty Ended		Date:
I hereby affirm tha	at this travel claim is true and corre	ct in every material matter; th	at the expenses were	actually incurred by	the undersigned as nece	ssary travel expenses in the	performance of

**APPROVED:** 

Signature of Supervisor

\*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.

Date



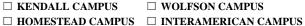
This form must be signed by the traveler's Campus/District authorizer (or their designee). Once approved, this form is to be faxed to Lorraine Travel at (305-441-9444). All tickets will be issued as electronic tickets unless the traveler specifically requests that the ticket be delivered to the Campus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

Fraveler Name: Division/Departme	nt•		Campus Location:		
Fraveler Phone No	.:		Fax No.:		
Fax #: E-Mail Address:					
Approval: The tra	vel represent	ed by the P-2 F	Form and this ATR	have been approved:	
Signature of Campus	s/District auth	orizer and/or hi	s/her designee	Date	
MDCC Qual / GL C	ode to be char	ged for the airl	ine ticket:		
Price Quoted \$	pro	cessing fee. This fe		d to the cost of the ticket as a aveler completes the reservation on- orrainetravel.com . )	
From Miami: _		 Flight #			
T	Airline	Flight #	Date/Day	Departure Time	
To:	City/State		Date/Day	Arrival Time	
From:	A . 1.		D + 40		
		Flight #	·	Departure Time	
To Miami:	City/State		Date/Day	Arrival Time	
	(A)	dditional Itinerary	form attached)		
personally responsi financial responsib	ble for such chility for this ti	narges if the tracket if the Colleg	vel is not approved. ge does not approve	avel. I understand that I am  I agree to assume personal associated travel; and/or if the mother travel agency tickets t	
Nar	ne (Printed)	<del></del>	Signat	ure of Traveler	

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

			C		
rtment:			_ Campus:		
and GL	to be charged for tr	avel:			
e Numbe	er:				
e: Use th	nis form is only to	be used if addit	ional travel arr	angements :	are to be made
From M	Iiami: Airline	 Flight #	Date/Day		Departure Time
To:	7 time	T Hght #	Date/Day	D	eparture Time
10.	City/State		Date/Day	A	rrival Time
From:	·				
	City/State	Airline	Flight #	Date/Day	Departure Time
To:	City/Sta	te	Date/Day	A	rrival Time
г ъ	<i>π</i> · ·				
From M	Airline	Flight #	Date/Day	D	eparture Time
To:					
	City/State		Date/Day	A	rrival Time
From:	City/State	Airline	Flight #	Date/Day	Departure Time
To:					
	City/State	Da	te/Day	Arrival Tir	

- □ NORTH CAMPUS
- ☐ MEDICAL CENTER CAMPUS
- ☐ KENDALL CAMPUS





☐ HIALEAH CAMPUS Gudent Travel Packet Checklise

To be comp	pleted 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 com	pleted 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 appr	oved 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	<b>Lunch</b> \$ 6.00	<b>Dinner</b> \$ 12.00	Total
		•		

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

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.