



REQUEST FOR LEAVE OF ABSENCE AND REIMBURSEMENT

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
SUBSTITUTE REQUESTED
* CONSULTING WITHOUT PAY

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

Common Carrier/Teleticket #

(ACTUAL)

Estimated Expenses

Actual Expenses

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.

Travel Reimbursement (except mileage and tolls) must be submitted to Accounts Payable - Kendall/ Rm. 9254