

# 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) \_\_\_\_\_

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 \_\_\_\_\_

## STUDENT LIFE CHAPERONE FORM



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

### CERTIFICATION FOR RECEIPT OF MEALS FORM



I. Faculty / Staff Sponsors and students signing below do verify their presence and acknowledge receipt of monies where applicable from departure to return.

II. The roster listed below is for students traveling to:

Destination \_\_\_\_\_ Event \_\_\_\_\_

Date(s) of Event \_\_\_\_\_ Organization \_\_\_\_\_

Student Name	Amount Received	Student ID #	Student Signature
Sponsor Name	Sponsor ID #		Sponsor Signature



# 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)

\_\_\_\_\_

## 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 \_\_\_\_\_

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

STUDENT LIFE  
NOTICE OF CLASS ABSENCE DUE TO ACTIVITES



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.