



# 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		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

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.