



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, JURY DUTY)

* 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 Financial Affairs Officer

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.

