

DEL MAR COLLEGE Student Travel Leave Request

At point of Destination-Sponsor/Students may be contacted at:

Phone#:

<p>Departing: _____ am/pm (Date) (Time)</p> <p>Arriving: _____ am/pm (Date) (Time)</p> <p>Returning: _____ am/pm (Date) (Time)</p>	<p style="text-align: center;">Mode of Travel</p> <p>College Rental: VAN BUS CAR</p> <p>Airline (Flight # _____)</p> <p>Private/Personal Vehicle (All participants must complete an Acknowledgement on Use of Private Vehicle-ADM 068)</p>
--	--

NAME(S) OF PARTICIPANTS (Please attach waivers of liability – ADM 075)

- | | | |
|----------|-----------|-----------|
| 1. _____ | A1. _____ | A1. _____ |
| 2. _____ | A2. _____ | A2. _____ |
| 3. _____ | A3. _____ | A3. _____ |
| 4. _____ | A4. _____ | A4. _____ |
| 5. _____ | A5. _____ | A5. _____ |

COMPLETE THE FOLLOWING ONLY IF REQUESTING PRE-PAID EXPENSES

Cost Center: _____				
Object Code		Check Payable To/Address/Confirmation #	Mail/Hold	By (Date)
_____ Transportation	\$ _____	_____	_____	_____
_____ Hotel*	\$ _____	_____	_____	_____
_____ Registration	\$ _____	_____	_____	_____
_____ Meals	\$ _____	_____	_____	_____
_____ Other**	\$ _____	_____	_____	_____
TOTAL	\$ _____	Approved Amt. \$ _____	(To be completed by Dean)	

* Hotel in-state, pick up tax-exempt form

** On a per-diem basis—see policy

_____ (1) Sponsor/Advisor	_____ Date	_____ (2) Department Chair	_____ Date
_____ (3) Divisional Dean	_____ Date	_____ (4) Vice President of Student Affairs (if applicable)	_____ Date
_____ (5) Provost/Vice President for Academic Affairs	_____ Date	_____ (6) Comptroller	_____ Date