

DEL MAR COLLEGE Student Travel Leave Request

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

Phone#:

Departing: _____ am/pm
 (Date) (Time)

Arriving: _____ am/pm
 (Date) (Time)

Returning: _____ am/pm
 (Date) (Time)

Mode of Travel

College Rental: VAN BUS CAR

Airline (Flight # _____)

Private/Personal Vehicle (All participants must complete an Acknowledgement on Use of Private Vehicle-ADM 068)

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

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|--|------|-----------------|------|
| Sponsor/Advisor | Date | Divisional Dean | Date |
| Provost/Vice President of Instruction & Std Svcs | Date | Comptroller | Date |
| President (when applicable) | Date | | |