

**DEL MAR COLLEGE  
Student Travel Request  
(NON-REIMBURSEMENT)**

**Required Travel Forms**

Private/Personal Vehicle (All participants must complete an Acknowledgement on Use of Private Vehicle-ADM 068 and Waiver of Liability-ADM 075)

*All travel forms must be attached to this request*

**Faculty/Staff/Advisor Information**

Class/Clubs/Organization:	BUa Y cZ: UW`m#GJZZ5 Xj ]gcf`UHYbX]b[ `f]d.	Phone #:
Destination:	Additional Faculty/Staff/Advisor attending trip:	

**Trip Details**

Destination#1: _____ Purpose of Trip: _____ 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)	Destination #2: _____ Purpose of Trip: _____ 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)	Destination:#3: _____ Purpose of Trip: _____ At point of Destination-Sponsor may be contacted at: _____ Phone#: _____ Departing: _____ am/pm (Date)                  (Time) Arriving: _____ am/pm (Date)                  (Time) Returning: _____ am/pm (Date)                  (Time)
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**List of Student(s) Participating**

Student Name	Student ID #	Student Name	Student ID #	Student Name	Student ID #
1.		11.		21.	
2.		12.		22.	
3.		13.		23.	
4.		14.		24.	
5.		15.		25.	
6.		16.		26.	
7.		17.		27.	
8.		18.		28.	
9.		19.		29.	
10.		20.		30.	

(1)Faculty/Staff/Advisor	Date	(2)Department Chair	Date
(3)Division Dean	Date	(4)Associate Vice President (If applicable)	Date
(5)Provost/Vice President of Instruction & Std Svcs	Date	(6)Comptroller	Date