

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

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)Vice President for Student Affairs (If applicable)

Date

(5)Executive Vice President/Chief Academic Officer

Date

(6)Comptroller

Date