CLEAR PRINT

DEL MAR COLLEGE
Student Out-of-Town Travel

ADM 029 07 1

This form must be completed prior to the trip and sent to the Vice President of Student Development

Date:	Requested by:	Name of Group:
Destination:	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)

Mode of Travel

☐ Car ☐ Bus

☐ Airline (Flight #_____)

☐ Other (Specify)_____

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

1. _____	6. _____	11. _____
2. _____	7. _____	12. _____
3. _____	8. _____	13. _____
4. _____	9. _____	14. _____
5. _____	10. _____	15. _____

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	$ 0.00	**Approved Amt. $** _____	**(To be completed by Dean)**	

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

** On a per-diem basis—see policy

Sponsor/Advisor	Date	Dean	Date
Vice President, Student Development	Date	Director, Fiscal Services	Date
Vice President, Business & Finance	Date	President (when applicable)	Date