

**DEL MAR COLLEGE
Student Out-of-Town Travel**

ADM 029 11 1

Original Professional Travel & Development Leave Request Form, student waivers of liability and a copy of the notice/announcement of the event must be attached. Submit Travel Expense with receipts upon return.

Date: _____	Requested by: _____	Name of Group: _____
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Destination: _____	Purpose of Trip: _____
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At point of Destination-Sponsor/Students may be contacted at: _____	Phone#: _____
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Departing: _____ am/pm (Date) (Time) Arriving: _____ am/pm (Date) (Time) Returning: _____ am/pm (Date) (Time)	Mode of Travel College Rental: <input type="checkbox"/> VAN <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> Airline (Flight # _____) <input type="checkbox"/> Private/Personal Vehicle (All participants must complete an Acknowledgement on Use of Private Vehicle-ADM 068)
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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

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