

# Employee Travel Rationale & Funds Request Form

This form must be completed and approved in advance of any travel preparations.

Submit at least 90 days prior to meeting or conference

Note: If you are traveling with students, you must also complete the Student Travel Advance Forms.

<http://www.mdc.edu/medical/StudentLife/TravelForm.pdf>

**Date of Request** \_\_\_\_\_

**Employee Name** \_\_\_\_\_ **Discipline/Program** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Room Number** \_\_\_\_\_

**Event** \_\_\_\_\_

**Date(s)** \_\_\_\_\_

**Location** \_\_\_\_\_

**Mode of Transportation** \_\_\_\_\_ **Will you be traveling with students?**  Yes  No

**Rationale for Attendance**

- Are you presenting?  Yes  No
- Are you required to attend?  Yes  No
- Grant related?  Yes  No
- Are you a Board Member?  Yes  No

**Benefit to Miami Dade College**

**Total Anticipated Expenses** \_\_\_\_\_ **Amount Requested** \_\_\_\_\_ **Account Number** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Supervisor/Director Signature

\_\_\_\_\_  
Date of Signature

Recommended  Yes  No

\_\_\_\_\_  
Dean Signature/ Campus President

\_\_\_\_\_  
Date of Signature

Recommended  Yes  No

**If travel is approved, please complete and submit P-2 form with other required documentation.**