

**PRIORITY DEADLINE  
OCTOBER 4, 2024**



## **Student Life Travel Packet**

Student Organization Travel Request fall under Procedure Number: A6Hx2-5.13B.

Student organization travel must be requested and coordinated by the advisor to the student organization. Student organization and advisor travel shall be approved and conducted in accordance with College Policy 6Hx2-6.21.

Clubs and organizations may travel in and out-of-state to attend workshops, conferences, competitions, and other events. Trips must be developmental and travel plans need to be educational nature, not social. Priority will be given to groups that are presenting or engaging in academic competitions on behalf of the college.

- Clubs must complete one major academic term as an active organization to be eligible to travel.
- Funding is on a first-come, first-serve basis and limitations may apply.
- Only one trip, per club, per academic year can be sponsored through Student Life. Funding for the trip cannot exceed \$1500 for travel accommodations for all participants (conference registration, hotel stay & transportation).
- Any travel where students can financially gain must be a collegiate sanctioned activity.

### **Process For Travel**

**Process must be initiated 6-8 weeks in advance of travel**

**Step 1-** Get Quotes for all Travel Expenses

**Step 2-** Get SL Approval via completed Student Life Travel Packet

**Step 3-** Create Spend Authorization in Workday to Obtain Travel Card. The application process and documents are available on BC Connect > Departments > Procurement> Procurement and Travel Card

**Step 4-** Create Spend Authorization to Get Approval for Travel Expenses

**Step 5-** Book your Travel Arrangements (flights, hotel, car, etc.) & Pay for Conference Fees

**Step 6-** Travel and Pay for Additional Expenses (keep receipts)

**Step 7-** Expense Report in Workday



## Anticipated Travel Expense Form

Club/Organization Name \_\_\_\_\_

Club Advisor \_\_\_\_\_

Phone \_\_\_\_\_ Room \_\_\_\_\_

Event \_\_\_\_\_ Date (s) \_\_\_\_\_

Mode of Transportation \_\_\_\_\_ Location \_\_\_\_\_

Item	Quantity	Fee	# Days	# Room (s)	Total
Student - Registration					
Advisor - Registration					
Meals					
Lodging					
Transportation					
Taxi/Shuttle					
Tolls					
Mileage (\$ 0.445 p/miles)					
Gas					
Other					

Total Anticipated Expenses \_\_\_\_\_ Total Amount Organization Will Contribute \_\_\_\_\_

Total Amount Requested From Student Life Funds \_\_\_\_\_

\_\_\_\_\_  
Signature of Club Advisor Faculty/Staff Chaperone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Approval

\_\_\_\_\_  
Date

By signing this form all parties agree to abide by Broward College Procedure Number: A6Hx2-5.13B & College Policy 6Hx2-6.21.

Student organization travel must be requested and coordinated by the advisor to the student organization. Student organization and advisor travel shall be approved and conducted in accordance with College Policy 6Hx2-6.21.

Breakfast	\$6.00 (When travel begins before 6:00 a.m. and extends beyond 8:00 a.m.)
Lunch	\$11.00 (When travel begins before 12:00 noon and extends beyond 2:00 p.m.)
Dinner	\$19.00 (When travel begins before 6:00 p.m. and extends beyond 8:00 p.m.)



## Funds Request and Travel Rationale Form

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

Club/Organization Name \_\_\_\_\_

Club Advisor \_\_\_\_\_

Phone \_\_\_\_\_ Room \_\_\_\_\_

Event \_\_\_\_\_ Date (s) \_\_\_\_\_

Location \_\_\_\_\_

Mode of Transportation \_\_\_\_\_

### RATIONALE FOR ATTENDANCE

(please specify how your participation aligns with college initiatives such as learning outcomes, legislative advocacy, and/or the Strategic Plan)

### BENEFITS TO ORGANIZATION

Number of Students in Organization \_\_\_\_\_

Number of Students Attending Event \_\_\_\_\_

Number of Chaperones Attending Event \_\_\_\_\_

Total Anticipated Expenses \_\_\_\_\_

Amount Requested \_\_\_\_\_

Club Advisor or  
Lead Faculty/Staff Chaperone \_\_\_\_\_

Date \_\_\_\_\_

Department Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Director of Student Life Approval \_\_\_\_\_

Date \_\_\_\_\_

### Travel Roster: Students & Chaperone(s)

Destination \_\_\_\_\_ Event \_\_\_\_\_

Date(s) of Event \_\_\_\_\_ Organization \_\_\_\_\_

Student Name	Contact #	Student ID #	Student Signature
Chaperone Name	Contact Number		Chaperone Signature



## Notice of Class Absence

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Name \_\_\_\_\_ ID number \_\_\_\_\_

Reason for Absence (50 words or less)

Permission to Make Up Class Work Missed During Absence \_\_\_\_\_ Date of Absence \_\_\_\_\_

Sequence Number	Instructor	Approved	Rejected	Signature of Instructor

### INSTRUCTION TO STUDENTS:

1. List the classes by sequence number and instructor that you will miss during your absence.
2. Contact your instructor(s) for class assignments and to secure permission to make up class work missed.
3. Return the completed form to the Director of Student Life no later than two weeks prior to the date of absence.



## Permission for Emergency Treatment

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Name \_\_\_\_\_ ID number \_\_\_\_\_

### PERMISSION FOR EMERGENCY TREATMENT

I/We hereby authorize the appointed representative(s) of Broward College to obtain and authorize medical treatment as is necessary to protect the well-being of my child. Including, authorization for emergency treatment, anesthesia, and/or surgery as deemed necessary. Further, I/We do hereby release and agree to hold harmless Miami Dade College and its representatives from any and all claims which may arise from said medical treatment.

NOTE: On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since in some countries/ states students under the age of 21 years of age might not be administered an anesthetic or operated on without the written consent of the parent or guardian, we request that the parent or guardian sign this document in order to prevent a dangerous delay in the administration of emergency medical attention.

### EMERGENCY MEDICAL INFORMATION

Do you suffer from any of the following conditions?

- |                                 |                                       |  |                                       |
|---------------------------------|---------------------------------------|--|---------------------------------------|
| <input type="radio"/> Allergies | <input type="radio"/> Asthma          | <input type="radio"/> Convulsions        | <input type="radio"/> Heart Trouble   |
| <input type="radio"/> Diabetes  | <input type="radio"/> Fainting Spells | <input type="radio"/> Bleeding Disorders | <input type="radio"/> Other (Specify) |
| Do you wear                     | <input type="radio"/> Contact Lenses  | <input type="radio"/> Dentures           |                                       |

Are you currently taking any medications? (Please List)

\_\_\_\_\_

### CONTACT INFORMATION

Name _____	Relationship _____
Address _____	Home Phone _____
Alternate Phone _____	Email _____

### EMERGENCY CONTACT

Name _____	Relationship _____
Address _____	Home Phone _____
Alternate Phone _____	Email _____

This Document and its content constitute a student record and are exempt from public records under 1002.22 and 1006.52 Florida Statutes. The contents of this document can only be disclosed with the Student's and/or Parent(s) Guardians consent.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_