Reset Form

San Mateo County Community College District

Student Activities Checklist & Roster

(Use this form to document student participants and required forms 30 days before and on the day of the trip to document per-diem cash dispersed and student attendance)

☐ Cañada ☐ CSM ☐ Skyline

Staff/Faculty/Chaperone Name(s): _____ Date: _____

☐ Charter Bus Charter Bus Vendor Name: _____ Event/Trip Name: _____ Event/Trip Date(s): _____

☐ District Vehicle District Vehicle Driver Name: _____ Event/Trip Location: _____ Event/TripTime: _____

Instructions to Staff/ Faculty/ Chaperone:

1. All travel must be pre-approved by the responsible Dean and Vice President.
2. All travel expenditures must be pre-approved by the responsible Dean and Vice President.
3. Adhere to the per-diem allowances which have been budget approved.
4. Each student traveling on this budget must sign for meal money on the trip when it is issued.
5. **Return all unused activity cash to the Cashier's Office within 30 days of the event.**

	Complete this section 30 days before the event and submit to VPI or VPSS Office:							Complete this section on the day of the event:				
	Student Name (Last, First)	G #	Is Student Enrolled (Y/N)	Release from Liability, Behavior, Standards, Medical Consent	Photo Release Form	Title IX Certificate	Student Voluntary Transportation Agreement (if applicable)	Student Boarding Departing (if applicable)	Student Boarding Returning (if applicable)	Per-Diem Amount (if applicable)	Student Signature	Date
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
									Page 1 Total:	$ 0.00		

Draft-Cañada use only

Staff/Faculty/Chaperone Signature

Staff/Faculty/Chaperone Name(s): _____ Date: _____

☐ Charter Bus Charter Bus Vendor Name: _____ Event/Trip Name: _____ Event/Trip Date(s): _____

☐ District Vehicle District Vehicle Driver Name: _____ Event/Trip Location: _____ Event/TripTime: _____

	Complete this section 30 days before the event and submit to VPI or VPSS Office:							Complete this section on the day of the event:				
	Student Name (Last, First)	G #	Is Student Enrolled (Y/N)	Release from Liability, Behavior, Standards, Medical Consent	Photo Release Form	Title IX Certificate	Student Voluntary Transportation Agreement (if applicable)	Student Boarding Departing (if applicable)	Student Boarding Returning (if applicable)	Per-Diem Amount (if applicable)	Student Signature	
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												

Page 2 Total: $ 0.00

Grand Total: $ 0.00

_____
Staff/Faculty/Chaperone Signature

Draft-Cañada use only