



Club Sports Travel Expense Reimbursement Request Form

Name of Club

Member: _____

Club Member's L #: _____

Name of Club Team: _____

Name of Event: _____

Travel Destination: City _____ State _____

Travel Dates: From _____ To _____

I hereby certify that the travel and expense indicated hereon is accurate and pre-approval for trip was granted.

Traveler's Signature: _____

Address to Send Check: _____

For Office Use Only

Date Received: _____

Club Treasurer Signature: _____ Date: _____

Club Coordinator Signature: _____ Date: _____

OR

Assistant Director Signature: _____ Date: _____

Cost Center Head Approval: _____ Date: _____

Approved Total: \$ _____

Account #: 80510 162507

Revised: 90617



Club Sports Travel Expense Reimbursement Request Form

Name of Club Member: _____ Travel Dates: _____ To _____

****List receipts in order by date****

****Print number on each receipt that matches number on left column****

#	Date	Payment Method	Item Purchased	Receipt Total	Adjustments: Office Only
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____

Requested Reimbursement \$ _____

Adjusted Reimbursement (office only) \$ _____