

RECREATIONAL SPORTS

UNT

EST. 1890

REQUEST TO TRAVEL FORM

Name of Sport Club _____

Destination: _____ Dates of Travel: _____
(City & State) (From the day you leave until the day you will be returning)

Purpose of Travel: to compete in the _____

(Include the name of the tournament and any sponsoring organizations, DO NOT USE abbreviations)

_____ Travel Advance Amount \$ _____

_____ Travel Reimbursement Amount \$ _____

_____ Allocated Account (160720-200-880026-500) Amount \$ _____

_____ Rollover Account (160720-202-885000-500) Amount \$ _____

Estimated Cost	Calculations	Totals
Entry Fee		
Transportation	# of cars ___ x ___ miles x 2 x \$.20	
Lodging	# of Rooms ___ x ___ nights x \$120.00	
Other		
Total Cost		

Please provide your availability to meet and complete the reimbursement paperwork after the trip:

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00am-10:00am					
10:00am-11:00am					
11:00am-12:00pm					
12:00pm-1:00pm					
1:00pm-2:00pm					
2:00pm-3:00pm					
3:00pm-4:00pm					
4:00pm-5:00pm					
5:00pm-8:00pm					

The best time to meet would be: Day: _____ Time: _____