Official Travel Itinerary

Team: _____ # of members traveling: _____
(Official Travel Roster attached)

Destination: _____

Purpose of Trip: _____
(be specific)

Departure time: _____ AM / PM Departure date: _____

Returning at: _____ AM / PM Returning date: _____

Estimated distance to destination: _____ Mode of transportation: _____

Drivers: _____ _____

_____ _____

_____ _____

Approval Requested:

_____
Club President *Date*

Approval Granted:

_____
Coordinator of Sport Clubs *Date*

Due 48 hours prior to leaving (along with Travel Roster)

Purchase Request for Travel Reimbursement

Lodging accommodations: _____ room(s) @ $_____/day Total $_____

Registration Fees: _____ members / team @ $ _____ Total $_____

Total estimated reimbursement $_____

Individual requesting reimbursement: _____

OFFICE USE ONLY

☐ Itemized receipts submitted SAP # _____

☐ Travel Reimbursement Form completed Point(s) deducted _____

☐ Submitted to Procurement Services Staff Initials _____ Date: _____