

REQUEST TO TRAVEL FORM

Name of Sport Club					
Destination: Dates of Travel: (City & State)					
(Include the name of the tournament and any sponsoring organizations, DO NOT USE abbreviations)					
Travel Advance	Amount \$				
Travel Reimbursem	ent Amount \$	Amount \$			
Allocated Account (160720-200-880002-500-3211)					
Rollover Account (160720-202-885000-500-3211) Amount \$					
Estimated Cost	Calculations	Totals			
Entry Fee	Calculations	Totals			
Transportation	# of cars x miles x 2 x \$.20				

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:
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