



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 (Must be turned in 3 weeks prior to the trip)	Amount \$ _____
_____ Travel Reimbursement	Amount \$ _____
_____ Direct Bill	Amount \$ _____
	Total \$ _____
_____ Allocated Account (160720-200-880002-500-3211)	Amount \$ _____
_____ Rollover Account (160720-202-885000-500-3211)	Amount \$ _____
_____ Donation Account (160720-303-300001-500-3211)	Amount \$ _____
	Total \$ _____

Estimated Cost	Calculations	Totals
Entry Fee		
Transportation	# of cars ___ x ___ miles x 2 x \$.20	
Lodging	# of Rooms ___ x ___ nights x _____ rate	
Rental Vehicle	# of vans _____ x _____ days x \$49.00	
Other		
Other		
Total Cost		

Preferred post travel meeting: Day: _____ Time: _____

Alternate post travel meeting: Day: _____ Time: _____