



# 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)

**Number of TAC cards requested:** \_\_\_\_\_ **Number of TAC cards received (official use only):** \_\_\_\_\_

_____ <b>Travel Advance</b> <small>(Must be submitted 3 weeks prior to the trip)</small>	<b>Amount \$</b> _____
_____ <b>Travel Reimbursement</b>	<b>Amount \$</b> _____
_____ <b>TAC Card</b>	<b>Amount \$</b> _____
	<b>Total \$</b> _____

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_____ <b>1. Allocated Account (160720-200-880002-500-3211)</b>	<b>Amount \$</b> _____
_____ <b>2. Athletics Account (160720-200-880003-500-3211)</b>	<b>Amount \$</b> _____
_____ <b>3. Rollover Account (160720-202-885000-500-3211)</b>	<b>Amount \$</b> _____
_____ <b>4. Donation Account (160720-303-300001-500-3211)</b>	<b>Amount \$</b> _____
	<b>Total \$</b> _____

Estimated Cost	Calculations	Totals
Entry Fee		
Gas	# of cars _____ x _____ miles x 2 x \$.20	
Lodging	# of Rooms _____ x _____ nights x _____ rate	
Rental Vehicle <small>(must submit vehicle request form)</small>	# of vans _____ x _____ days x \$52.00	
Mileage <small>(can't use w/ TAC card)</small>	# of cars _____ x _____ miles x 2 x \$.20	
Other		
<b>Total Cost</b>		

Request submitted by: \_\_\_\_\_ Travel Contact: \_\_\_\_\_

Preferred TAC card pick up: Day: \_\_\_\_\_ Time: \_\_\_\_\_

Preferred post travel meeting: Day: \_\_\_\_\_ Time: \_\_\_\_\_