Travel Reimbursement Form  Sport Clubs

Please complete form for every trip and make an extra copy for the Sport Clubs’ office.

SPORT CLUB:_________________________ DATE OF REQUEST:___________

DESTINATION and PURPOSE:_____________________________________________

* Fees/Registration costs:___________________________________________________

Name of Requestor_______________________________Phone/Cell:__________________________________

Email: _________________________________________ASUCR Account #____________________________

DATE(S) OF TRIP: FROM:______________           TO:______________________

Times of Travel: Depart___________________________Return______________________________________

Names of Travelers/SID #’s: in Group:___________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

(List players on back or attach roster, include 860#’s.)

I. TRANSPORTATION (Circle one and answer all questions.):

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Personal Vehicle(s)    Non-University Rental

TYPE	OF	VEHICLE(S): ______________________  Owner/Rental Co.  ______________________

_____________________________________________________________________________________

_____________________________________________________________________________________

ESTIMATED MILEAGE: ______________________

RENTAL VEHICLES ONLY

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PICK UP DATE/TIME:______________  RETURN DATE/TIME: ____________

ESTIMATED COST PER VEHICLE:_______  (X) #OF VEHICLES:_______=TOTAL*:_______

DRIVERS:____________________________________________________________________________

II. LODGING (If applicable)

LOCATION:________________________  NAME OF HOTEL/MOTEL:________________________

$ PER NIGHT:_______(X) # OF NIGHTS:_______(X) # OF ROOMS:_______TOTAL*: ______

SAVE ALL RECEIPTS AND TURN THEM IN WITHIN 10 DAYS AFTER THE TRIP.

PLEASE SIGN AND SUBMIT:

_____________________________________________________________________________________

COPY TO SPORT CLUBS OFFICE_____

*NOTE: FULL REIMBURSEMENT NOT GUARANTEED BY ASUCR.. PLEASE CALL (951) 827-3607 FOR FURTHER FINANCIAL ADVISEMENT.