



Sacramento State Athletics - Travel
Travel Reconciliation (due in business office 3 working days after trip)

Name: _____ Date Submitted: _____

Team/Department _____ Phone # _____

Team Recruiting Other (List)

Destination	DEPARTURE			ARRIVAL		
	Date	Time	AM/PM	Date	Time	AM/PM

If travel party **did not** travel together for the entire trip, list all who traveled separately below.

Traveler	DEPARTURE			ARRIVAL		
	Date	Time	AM/PM	Date	Time	AM/PM

EXPENSES

Type	Prepaid (BTA or PO)	Trade	Advance/Debit Card	Coaches Funds
Transportation				
Air				
Rental Car				
Shuttle				
Bus				
Personal Car				
Other				
Lodging				
Meals				
Entry Fee				
Other				
Totals				

Business Office Use: _____

Completed Date _____

Completed by _____

Log _____

Logged by _____