



Sacramento State Athletics - Travel
Travel Request

Name: _____ Date Submitted: _____

Team/Department: _____ Phone # _____

Trip Purpose:

Recruiting Team Post Season Other (Specify) _____

Itinerary:

DEPARTURE			RETURN		
Date	Time	AM/PM	Date	Time	AM/PM

Destination(City/State) _____ Opponent _____

Transportation

Air Personal Vehicle Rental Vehicle Bus Shuttle Other (list) _____

Lodging: Contract allow 2 weeks for campus processing Yes No

Name _____ Phone _____ Fax _____

Address _____

Name _____ Phone _____ Fax _____

Address _____

Projected Expenses: if booked attach confirmation to request.

Type	Booked	Details	Projected Cost
Transportation			
Air			
Rental Car			
Shuttle			
Bus			
Personal Car		Vehicle license number	
Other			
Lodging			
Meals			
Entry Fee			
Other			
Total Projected Cost:			

Advance Requested

Amount _____ Date Needed _____

Advance check will not be released until an itinerary and travel roster is turned in

Approvals:

Head Coach _____ Date _____

Business Office _____ Date _____

Athletic Director _____ Date _____