

Travel Request and Itinerary 2013-2014

Club Name:				Dat	te:		
Destination City, St			Number NIU Members Traveling:				
Emergency Contac Club Member:	t Information:	_Posi	tion:		Phone:		
Club Member:		_Posi	Position:Phone:				
Travel Dates:		Purpose: (Please circle) Single game/match Tournament State/Regional Tournament					
From:	Го:	National Tourna		nent Scrimmage			
Lodging Accommo Hotel Name:							
Address (city and sta	ate):					<u> </u>	
Other Lodging (i.e. L Address (city and sta							
Room 1	Room 2	1	Room 3		Room 4	Room 5	
Form of Travel: (che Charter Bus: C				_	Plane: NIU	Bus:	
1	Owner's Tel. #				odel Vehicle Ir Y	N	
2						N N	
4 5						N N	
Who is traveling in e	ach vehicle:						
Vehicle 1	Vehicle 2	2	Vehicle 3		Vehicle 4	Vehicle 5	
	1						

			Revised July 201				
For Flights: Departing Flight # Flight # Returning Flight #	Departure Time Departure Time	Arrival Time Arrival Time	_ Airport Airport				
Flight #	Departure Time	Arrival Time	Airport				
Charter Bus C	ompany:	Phone Num	ber:				
Cost: Hotel_	Food	Transportation	Team Total:				
Do you want to use club funds to reimburse for mileage (University rate \$.55 per mile)? Yes No							
1.		Traveling Roster 15.					
2		16					
3.		17.					
4.		18.					
5.		19.					
6. -		20.					
7.		21.					
8.		22.					
9. 10.		23. 24.					
11.		25.					
12.		26.					
13.		27.					
14.		28.					
Signature:		Date:					
**Please submi	it one week prior to lea	avina					



For Office Use Only									
Submitted On:	Approval Date:	Approved By:							