



RECREATIONAL SPORTS

UNIVERSITY OF NORTH TEXAS

Sport Club Program REQUEST TO TRAVEL FORM

Please fill in ALL of the required information. Please be sure all of this information is legible!

Name _____ Phone _____

Email Address _____ Name of Club _____

Faculty Sponsor Name: _____

Destination: _____ Dates of Travel: _____
(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, DO NOT USE abbreviations)

____ Travel Advance Amount \$ _____

____ Travel Reimbursement Amount \$ _____

Need Check by: _____

◆◆If Flying◆◆

____ Travel Advance for Airfare

Regular Fare: \$ _____ Airline: _____

Supersaver Fare: \$ _____ Airline: _____

(Contact the Rec. Sports Office for this information)

Estimated Cost	Calculations	Totals
Entry Fee:		
Transportation:	# of cars ___ x ___ miles x 2 x \$.20	
Lodging:	# of Students ___ x ___ nights x \$10.00	
Other:		
Total Cost:		

For Office Use Only: _____ Travel Approved Date _____

____ Assistant Director of Sport Clubs ____ ASO ____ Associate Director ____ Director