



**Campus Recreation
SPORT CLUBS**

Travel Reimbursement Request Form

Form must be completed for each traveler receiving reimbursement and turned in with Pre-Travel Form 4 days before departure (Monday at 4:30 for weekend trips)

Sports Officials Association	NIRSA Midwest FFB Reg.	Iowa City, IA	11/12/10 - 11/14/10
Sport Club	Event	Event Location	Date(s) of Event

Traveler Information - Note - Reimbursement check will be sent to traveler at address below

Cameron Swoboda	850-644-4925	camswoboda@soa.org		
Name of Traveler	Phone Number	Email Address		
1035 Bobcat Way	72	Tallahassee	FL	32304
Street Address	Apt #	City	State	Zip Code

Method of Travel - Check or X Below

Private Vehicle - Must have Private Vehicle Consent Form on file in sport club office

Rental Vehicle Rented through AVIS? Yes No List Company: _____
If not renting through AVIS, please list why: _____

Airline (must have approval) List Airline Company: _____

Estimated Costs for SCP Reimbursement Amounts

Include only costs the club is getting reimbursed for

Type of Cost	Actual Cost
Hotel/Lodging	\$250.00
Map Mileage (one private vehicle only) - Mileage reimbursed at \$0.445/mile List maximum number of round trip miles for this trip: <u>2118</u> List number of miles requested for reimbursement: <u>500</u> <i>Note - Miles reimbursed cannot exceed total round trip miles, but can be any # below total</i>	\$222.50
Vehicle Rental (one rental vehicle only)	
Gas (for one rental vehicle above only)	
Airline Charges (Requires Prior Approval)	
Entry/Registration Fee(s)	
Total Estimated Costs **Remember to keep receipts for reimbursed costs**	\$472.50

Officer Signature Date Officer Signature Date

For Office Use Only
Received By: _____