

Athletics Recruitment Expense Claim Click here for online help.

| Coach's name: Banner UID #: | | | |
|--|---|---------------|--------------|
| Prospect's name: | Index #/Acct. Code: | | |
| Prospect's Street Address: | City: State | | State: Zip: |
| Arrival Time: Departure Time: [| Departure Time: Date(s) of Official Visit: to | | |
| Lodging, mileage, and airfare reimbursements to be paid directly to student recruit should be submitted on an approved | | | |
| Claim for Traveling Expenses form. | _ | | |
| | | PAY TO OTHERS | PAY TO COACH |
| A. TRANSPORTATION | | | |
| Airline: Make payment to Travelennium. | | | |
| Automobile: I hereby acknowledge a mileage claim of miles at \$0.62 per mile. | | \$ | \$ |
| This results in a total receipt of \$ | | \$ | \$ |
| Recruit's Signature Date | | | |
| B. STUDENT HOST(S) | | | |
| | | | |
| (I.) I hereby acknowledge receipt of \$ paid to n for expenses in connection with hosting the prospective studen named above. | me in cash nt athlete | | \$ |
| Student Host (I)'s Signature Date | | | |
| (II.) I hereby acknowledge receipt of \$ paid to r cash for expenses in connection with hosting the prospective stathlete named above. Student Host (II)'s Signature Date | | | \$ |
| | | | |
| C. LODGING Name of hotel (Attach room folio): | | | |
| , , , | | \$ | \$ |
| D. MISCELLANEOUS EXPENSES (Including meals, parking, etc. If additional spaces are required, attach additional sheet. Receipts are required. Meal reimbursements require completed Request for Meal Reimbursement Form. | | | |
| Date Explanation | | | |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| TOTAL DUE CLAIMANT: \$ | | | NT: \$ |
| I certify that this expense statement and claim is true and correct. | t. | | , |
| Coach's Signature | s Signature Date | | |
| Department Approval | Date | | |
| Compliance Office | Date | Accounting | |