



THE UNIVERSITY OF TENNESSEE AT MARTIN
Sport Club Travel Request

*Must be submitted sixteen (16) BUSINESS DAYS prior to date of travel in order for expenses to be reimbursed.
All club travel must be submitted for approval to the Office of Campus Recreation.*

Club _____ Account # _____ Date submitted _____
Trip Leader _____ Phone # _____ E-mail _____
Club Adviser _____ Adviser Phone # _____ Adviser e-mail _____
Estimated Amount Requested from Sports Club Account \$ _____

Seeking reimbursement for the following: Lodging Transportation Registration Other _____

Departure Date _____ Time _____ AM/PM
Returning Date _____ Time _____ AM/PM
Destination City/State _____ Host School _____

Names of People Requesting Reimbursement for Travel:

Name _____ Phone # _____ Email _____
Name _____ Phone # _____ Email _____
Name _____ Phone # _____ Email _____
Name _____ Phone # _____ Email _____

Mode of travel: Private Car UT Vehicle Plane Other (explain) _____

Registration Fee \$ _____ (Attach registration forms if requesting funds.)

Registration Deadline _____

Lodging: Private residence Campground Hotel Other _____

Hotel Name _____ Phone () _____

Address _____ Fax () _____

Confirmation # _____

Estimated Cost per night _____ Total Lodging Cost _____

All drivers must be on university payroll (including students) AND drivers must leave a copy of driver's license with the Campus Recreation office.

Driver's Name: _____ Name of Passenger: _____

State of Driver's License: _____ Name of Passenger: _____

Driver's License Number: _____ Name of Passenger: _____

License Expiration Date: _____ Name of Passenger: _____

Driver's Name: _____ Name of Passenger: _____

State of Driver's License: _____ Name of Passenger: _____

Driver's License Number: _____ Name of Passenger: _____

License Expiration Date: _____ Name of Passenger: _____

Driver's Name: _____ Name of Passenger: _____

State of Driver's License: _____ Name of Passenger: _____

Driver's License Number: _____ Name of Passenger: _____

License Expiration Date: _____ Name of Passenger: _____

Pre-Trip Meeting Date: _____

(Pre-Trip meeting must take place at least 5 days prior to trip)

