

ADELPHI UNIVERSITY

ATHLETIC TRAVEL ADVANCE REQUEST FORM

NAME: _____

TEAM: _____

DESTINATION: _____

NUMBER OF PEOPLE: _____ **DATES OF TRAVEL:** _____

DATE ADVANCE NEEDED: _____

MEALS

<i>(No. of People)</i>	<i>X</i>	<i>(No. of Days)</i>	<i>X</i>	<i>(Meal Allowance Per Day)</i>	
_____	X	_____	X	_____	= \$ _____

TRANSPORTATION (Gas & Tolls)

_____ \$ _____
(Description)

HOTEL

<i>(No. of Rooms)</i>	<i>X</i>	<i>(No. of Days)</i>	<i>X</i>	<i>(Amount of Room)</i>	
_____	X	_____	X	_____	= \$ _____

OTHER EXPENSE

_____ \$ _____
(Description)

TOTAL \$ _____

Requested By: _____

Approved By: _____

A list of all people traveling must accompany this form.