UREC GROUP TRAVEL FORM			DATE:		ACCOL	JNTING USE ONLY		
Trip Leader		UA ID*			TA#			
Email		SSN*			IA#			
Phone #		Traveler Type	Group		TC#			
Club/Prgm		City/State			10#			
Event								
Event	BEG	END		Tra	ivel	BEG	END	
Dates				Da				
* FOR STUDE	NT TRIP LEADE	RS ONLY. Use	your SSN if th	nis is the first	time leading	a trip for URE	c	
CATEGORIES	PRE T	PRE TRAVEL ESTIM		ATED FINAL		COST DES	CRIPTION	
CATEGORIES		COSTS		CO	STS	(if applicable)		
Entry Fees	Pymt Type	<u> </u>				[
	Amount	\$						
	ecks are requir		nt of event er	itry fees, com	plete the foll			
Payable To:		Address:	Address:				Check Delivery Method:	
		<u> </u>				<u> </u>		
Gasoline	Pymt Type	<u> </u>						
	Amount	\$						
Lodging	Pymt Type							
20080	Amount	\$						
Meals	Pymt Type							
IVICAIO	Amount	\$						
Vehicle Rentals	Pymt Type]		
Verneie nentals	Amount	\$						
Airfare	Pymt Type					<u> </u>		
Alliaic	Amount	\$						
		\$						
Other		\$]		
		\$						
Total Estimate	:	\$		Total Actual:				
DO YOU REQUIRE	A TRAVEL AI	DVANCE?	YES	NO	Amount: \$			
If you do not use all the tra	vel advance, you	will owe back t	he amount not	used to the tred	asurer's office o	after post travel	is completed.	
	REQU	IRED SIGNA	TURES			DA	ATE .	
Trip Leader's Signature	.							
Program Director								
UREC Director								
		ACCOL	JNTING USI	ONLY				
DEPART/RETURN	Date	Time	AM/PM					
Depart Fayetteville								
Depart 1st Destination								
Depart 2nd Destinator	h							
Return to Fayetteville								

NOTES:

THIS PAGE FOR ADMINISTRATIVE USE ONLY

CLUB SPORTS

Lodging Information:							
Hotel/Motel Name:				City/State:			
Hotel/Motel Tel/Fax #:	()	/()		Hotel Rep:		
Arrival Date:				Depai	rture Date:		
Confirmation #:				Estin	nated Cost:		
Name Reservatio	n is Under:			•		•	
CC Auth Form Sent:			Confi	rmed w/ Ho	tel/Motel:		
Additional Comments:							
Charter Information:							
Charter Name:				City/State:			
Tel/Fax #: ()	/()		Invoice #:			
Pickup Date:		Dr	opoff Date:				
Additional Comments	:			Cost:	\$		
				TRPO#:			
Rental Information:							
Rental Vendor Name:				City/State:			
Tel/Fax #: ()	/()		Rental Rep:			
Confirmation #:		.		Cost:			
Pickup Date:		Dro	opoff Date:				
Additional Comments	:						
Airfare Information:							
Airline Name:			FI	ight Dates:			
Confirmation #:			D	estination:			
Additional Comments:							
Other Information:							
Additional Comments:							
	1	r	T	1	1	1	ı
Incurance	Entorod:	Voc	I	No.	I	Amount	I