

Coach's name: SSN#: Index #/Acct. Code:

Prospect's name:

Prospect's Street Address: City: State: Zip:

Arrival 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 <ul style="list-style-type: none"> Airline: Make payment to Travelennium. Automobile: I hereby acknowledge a mileage claim of <input type="text"/> miles at \$0.46 per mile. <p>This results in a total receipt of \$ <input type="text"/>.</p> <p>_____ Recruit's Signature Date</p>	<p>\$ <input type="text"/></p> <p>\$ <input type="text"/></p>	<p>\$ <input type="text"/></p> <p>\$ <input type="text"/></p>																				
B. STUDENT HOST(S) <p>(I.) I hereby acknowledge receipt of \$ <input type="text"/> paid to me in cash for expenses in connection with hosting the prospective student athlete named above.</p> <p>_____ Student Host (I)'s Signature Date</p> <p>(II.) I hereby acknowledge receipt of \$ <input type="text"/> paid to me in cash for expenses in connection with hosting the prospective student athlete named above.</p> <p>_____ Student Host (II)'s Signature Date</p>		<p>\$ <input type="text"/></p> <p>\$ <input type="text"/></p>																				
C. LODGING <p>Name of hotel (Attach room folio): <input type="text"/></p>	<p>\$ <input type="text"/></p>	<p>\$ <input type="text"/></p>																				
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. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 60%;">Explanation</th> <th style="width: 10%;"></th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>\$</td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>\$</td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>\$</td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>\$</td> <td><input type="text"/></td> </tr> </tbody> </table>	Date	Explanation			<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>		<p>\$ <input type="text"/></p> <p>\$ <input type="text"/></p> <p>\$ <input type="text"/></p> <p>\$ <input type="text"/></p> <p>\$ <input type="text"/></p>
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<input type="text"/>	<input type="text"/>	\$	<input type="text"/>																			
TOTAL DUE CLAIMANT:		<p>\$ <input type="text"/></p>																				

I certify that this expense statement and claim is true and correct.

Coach's Signature _____ Date _____

Department Approval _____ Date _____

Compliance Office _____ Date _____ Accounting _____