

-Sam Houston State University-
Club Sports Program
TRAVEL BUDGET REQUEST

Officer Name: _____ Phone Number: _____
Club Sport: _____ Date: ___/___/___

Name of Event: _____

Date of Event: _____

Check One: Reimbursement Need Check to Pay Vendor

Check One: Mail to Payee Hold for Pick-Up by Officer

Name of Payee (who you want the check made payable to):	Payee's Telephone & Fax Number:
Address of Payee:	

Projected Expenses:

Event Fee: _____

Food: _____

Officials Cost: _____

Gas: _____

Hotels: _____

Vans: _____

Other (please explain and list cost):

Total Projected Expenses: \$ _____

Accounts to be used: _____
For Office Use Only
Amount Approved: \$ _____
Approved By: _____ Date Approved: ___/___/___