Athletic Department Travel Authorization		rization	Trip No		
Contact Information					
Sport		Coach		Phone	
Itinerary – Check the box that	matches your travel type				
< IPFW Team Travel*† ‡			lual Travel		eam Travel
*requires NCAA compliance office app regular season and conference champ					tual contest for any
Times – These times are estimates	. Actual times are required for	r reimbursement upon return			
	[Date		Time	
Depart					
Return					
Actual Recruiting Date(s)					
Destinations – Please include a	ll cities and states				
Date		tate Da	ate	City	State
	, i			•	
Franchartation					
Transportation – If you r		note which type and whether you nsportation Requirement		he Business Office is	
Bus Trai	nsportation	isportation requirement		sportation	
543 1141	пороттаціот		7.11 11011	30011411011	
Renta	l Vehicles		University/	Fleet Vehicles	
Agency	Biz. Ofc. Request?	(Y/N)			
	dging		Misce	llaneous	
Special Instructions				/0. !!	
Special Instructions -	- Include any additional notes	here - For Team Travel, please list	the opponent's Univer	rsity/College	_
Recruiting – Please list the na					
Name of Recrui	t(s)	Other Coaches Recr	uiting	Days Allowed	Days Used
Signatures – Compliance sign	atures are only required for re	ecruiting and team travel requests	S		
	Signor		Signature		Date
Approval Requested	Coach				

NCAA Compliance

Athletic Business Office

Officer

NCAA Compliance (team and recruiting only)

Approved

Travel Party					
	Name	Function	Name	Function	
1			2		
3			4		
5			6		
7			8		
9		1	0		
11		1:	2		
13		1	4		
15		1	6		
17		1	8		
19		2	0		
21		2.	2		
23		2	4		
25		2	6		
27		2	8		
29		30	0		
31		3:	2		
33		3.	4		
35		3	6		
37		3	8		
39		4	0		

Rooming List						
Room	Name	Name	Room	Name	Name	

Additional Notes and/or Instructions					