IPFW Athletics Department TRAVEL LOG

Contacts and Evaluations

PSA Name	Year	Date	Time	Site (City-State)	Approved by (*School Administrator)	C=Contact or E=Eval.	#	Description of C or E (visit, practice, contest,)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
								period. I affirm that I have spects and prospect's paren
Signature			—— Dat	 e	Compliance App	oroval		Date

Submit to compliance or department administrator for signature <u>prior to leaving</u> campus. After travel is complete, submit a final travel log documenting the trip to compliance. This form must be submitted with other required university travel forms for processing.