

**KENT STATE UNIVERSITY SPORT CLUB
TRIP/EXPENSE REIMBURSEMENT REQUEST**

CLUB NAME: _____ MANAGER'S NAME: _____

TRIP DESTINATION (EXPENSE): _____

DEPART: ____/____/____ TIME: _____ RETURN: ____/____/____ TIME: _____

REIMBURSEE'S INFORMATION *(Must be completed in full to receive reimbursement)*

FULL NAME: _____ E-MAIL: _____

PHONE: _____ ALT. PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

****Is the person requesting the reimbursement a student employee of Kent State University? YES _____ NO _____**

EXPENSES TO BE REIMBURSED *(Attach and sign itemized receipts)*

Travel *(includes gas receipts, tolls, parking fees, etc.):* \$ _____

Lodging *(Must be pre-approved by Assistant Director of Sport Clubs):* \$ _____

Other *(Any unforeseen expenses; e.g. tournament fees, supplies, equipment, etc.):* \$ _____

TOTAL EXPENSES: \$ _____

Special notes: _____

Manager Signature: _____ Date: _____

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