

**Christopher Newport University
Office of Recreational Services
Sport Clubs
-Travel Information Form-**

Name of Traveler: Carrie Gardner, Manager of Athletic Events **Sport Club:** _____

Name of Event: _____

Depart: _____ **Return:** _____ **Via:** _____
Date & Time Date & Time Travel Method

Destination/Itinerary: _____

Names of University Employee(s) or Volunteers Attending Event (i.e. faculty advisor or coach)

Estimated Expenses

Registration Fees _____ \$ _____

Travel Cost (i.e. vehicle rental) _____ \$ _____

Lodging _____ \$ _____

Other Costs itemized: _____

Other Cost _____ \$ _____

Total Estimated Expenses _____ \$ _____

Purpose, justification and expected benefit to the Commonwealth of Virginia

PLEASE ATTACH AN UPDATED TEAM ROSTER FORM WHEN SUBMITTING THIS FORM
(names only, signatures not required)

This trip has been approved by the Director of Recreational Services

Signed: _____
(Signature, Director of Recreational Services)

Date: _____