Program Card
TRAVEL EXPENSE FORM
SOU Department of Athletics

Last 4 Digits PCard #

Head Coach Name _____ SOU ID # _____

Sport _____ Purpose of Trip _____

* If Recruiting by someone other than head coach - See Below

Was a Cash Advance or Reimbursement requested for part of this travel ? ☐ Yes ☐ No

TRIP INTINERARY	
Destination	
Estimated Departure	
Date	Time
	☐ am ☐ pm
Estimated Returning	
Date	Time
	☐ am ☐ pm

*** I Certify the expenses incurred were for University business and are not being claimed from any other source.**

_____
Signature of recruiter if other than head coach

TEAM TRAVEL

Please attach a completed PCard Hosting Meals and Lodging Form

NOTES

RECEIPTS

Lost receipts require a Lost Receipt Affidavit Form

LODGING	HOSTED MEALS	AIRFARE CAR / BUS	FUEL	ENTRY FEES	MISC…

I Certify that the list of names provided (staff & students) are whom the expenses are incurred for and are not being claimed from any other source

_____
Head Coach Signature

ACCOUNTING DATA

_____ _____ $ _____
Authority Signature Index Code

_____ _____ $ _____
Authority Signature Index Code

_____ _____ $ _____
Authority Signature Index Code

For Travel Use Only

CREDIT

_____ 28995
Index Code Account Code

DEBIT

PCard Stmt Date _____

_____ _____ _____
_____ _____ _____
Index Code Acct Code

PCard Stmt Date _____

_____ _____ _____
_____ _____ _____
Index Code Acct Code