



WASHINGTON STATE ATHLETICS
OFFICE OF COMPLIANCE
TEAM TRAVEL AUTHORIZATION FORM

Submit this completed form to the Compliance Office at least 7 days prior to departure.

General Information

Sport: _____ Date: _____

Date(s)/and times of competition and Opponent(s) (Bylaw 16.8.1.2.1)

Note: for tournaments or multi-team competitions, please also list the date and time of the first competition involving any team.

Travel Roster: Student-Athletes

Travel Roster: Coaches, Trainers, Managers and any other person in the travel party (i.e., spouse or family members) -
Identify if this is an approved spousal trip.

Travel Itinerary (Bylaw 16.8.1.2.1) - You must attach a complete travel itinerary. Also, please put Departure/Return dates and times below:

Compliance Office Action

Itinerary and expenses approved: Yes _____ No _____ by _____ Date _____

Acceptable to Issue Check: Yes _____ No _____ by _____ Date _____

Not Approved - (Comments) _____ Date _____

Approved Roster: Yes _____ No _____ by _____ Date _____

Processing

- 1) Sport Office completes and submits to Compliance Office at least 7 days prior to departure.
- 2) Compliance Office Reviews
- 3) Upon approval, Compliance Office files original and sends copies to:
 - Head Coach
 - Business Office
 - Senior Associate Athletic Director

ANTICIPATED EXPENSES

MEALS: Allowable stipend amounts: Breakfast - \$7.00 Lunch - \$10.00 Dinner - \$15.00

(Student-athletes may be given a snack on the night before a competition. Student-athletes may receive a pre-game or a post-game snack in addition to three meals a day on competition dates only. Nutritional supplements may be provided to student-athletes in conjunction with practice or competition. Stipends may not be given for snacks at any time. The acceptable value for snacks is \$10.00.)

** Place a "TM" next to dollar amounts for team meals and a "S" next to dollar amounts for stipends given to student-athletes.*

DAY 1		DAY 2		DAY 3	
Breakfast	\$	Breakfast	\$	Breakfast	\$
Lunch	\$	Lunch	\$	Lunch	\$
Dinner	\$	Dinner	\$	Dinner	\$
Snack	\$	Snack	\$	Snack	\$
TOTAL	\$	TOTAL	\$	TOTAL	\$
DAY 4		DAY 5		DAY 6	
Breakfast	\$	Breakfast	\$	Breakfast	\$
Lunch	\$	Lunch	\$	Lunch	\$
Dinner	\$	Dinner	\$	Dinner	\$
Snack	\$	Snack	\$	Snack	\$
TOTAL	\$	TOTAL	\$	TOTAL	\$

SUMMARY OF EXPENSES

Meals	\$
Nutritional Supplements	\$
Miscellaneous/Other	\$
	\$
	\$
	\$
Sub-Total Expenses	\$
15% of Sub-Total Contingency	\$
TOTAL	\$

BUSINESS OFFICE USE	
Check #	
Check Amount:	
Budget:	
Project:	
Object:	
Sub-Object:	

Head Coach Signature_____ **Make Check Payable To:**_____

Approval Signature _____