

Western Carolina University  
Club Sports  
**Travel Reimbursement Form**

Club Sport: \_\_\_\_\_ Date/dates traveled: \_\_\_\_\_

Travel location: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Beginning mileage: \_\_\_\_\_

Ending mileage: \_\_\_\_\_

Total Mileage: \_\_\_\_\_ x \$0.10 = \_\_\_\_\_

Number of passengers: \_\_\_\_\_

Club members will be reimbursed at a rate of \$0.10 per mile. This amount will be deducted from the club's account. **Travel Reimbursement must be returned within three business days after traveling.**

I, \_\_\_\_\_(name)\_\_\_\_\_, attest that the above information is correct to the best of my knowledge.

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