

Western Carolina University
Campus Recreation & Wellness
Club Sports
Travel Reimbursement Form

Club Sport: _____ Date/dates traveled: _____
Travel location: _____

Driver's Full Name (as it appears in your MyCat Account): _____

92#: _____ Address (to send check): _____
Phone Number: _____

Beginning mileage: _____
Ending mileage: _____
Total mileage: _____
Number of passengers: _____

Club members will be reimbursed \$0.25 per mile for travel. This amount will be deducted from the club's account. **Travel Reimbursement for 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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