



Club Sport: _____

Today's Date: _____

Requestors' Information:

Full Name (as it appears in MyCat): _____

92#: _____

Phone Number: _____

Email: _____

Have you previously submitted an address form?

YES and no changes: _____

NO: (A signed form is attached) _____

YES but I need to change address: (A signed form is attached) _____

Travel Information:

Departure Date: _____

Return Date: _____

Purpose: (check one) ___ Competition/Show ___ Tournament ___ Other (explain below):

Location of Travel: _____

City: _____

State: _____

Hosting University or Organization: _____

Reimbursement Information:

I. Transportation (ATTACH ALL RECEIPTS AND/OR DETAILED MAP OF ROUTE)

Personal Vehicle: Mileage: _____ (X) \$.15 or _____ = Total: \$ _____

Rental Vehicle: \$ per vehicle: _____ (X) # of vehicles: _____ = Total: \$ _____

Tolls: toll \$: _____ (+) toll \$: _____ (+) toll \$: _____ (+) toll \$: _____ (+) toll \$: _____ = Total: \$ _____

II. Lodging (ATTACH ALL RECEIPTS)

Hotel Name: _____ City, State: _____

\$/night: _____ (X) # of nights: _____ (X) # of rooms: _____ (+) taxes/fees: _____ = Total: \$ _____

III. Competition/Tournament Registration (ATTACH ALL RECEIPTS)

\$/team/member: _____ (X) # of team/members: _____ = Total: \$ _____

Total Travel Reimbursement Request: \$ _____

I, _____, attest that this information is correct to the best of my knowledge.

Requestor Signature

Date

Club President/Treasurer Signature

Date

**Western Carolina University
Chrome River Travel Reimbursements
Request for 920 Number and/or Updating Address**

This form must be completed to request a 920 number in order to reimburse a non-employee for travel reimbursements.

This form must be completed if updating a student or an employee address in order to reimburse for travel reimbursements.

The address must be updated prior to entering a travel reimbursement in Chrome River.

Travel reimbursement checks must be mailed and **cannot** be picked up in the Controller's Office.

All travel reimbursement must be processed in Chrome River.

**Please send completed form to Purchasing at PurchasingDept@wcu.edu
Please allow 3-5 business days for processing.**

Date: _____

- Select ONE:**
- Check Student
- Check Non-Employee
- Check Employee

Name: _____

920 number (Student's and Employee 920 required, Non-Employee if known): _____

SPECIAL NOTE:

Students may use on-campus housing address for reimbursements.

Departments cannot change the student's address to the department's address.

Mailing address: _____

Phone number: _____

Department requesting number or address change: Campus Recreation & Wellness

Name of WCU employee requesting number or address change: (Please print) Shauna Sage

Phone extention number of WCU employee requesting number or address change: 7069

Signature of student's or employee's address being updated (Employee cannot sign for student): _____

Questions relating to this form should be addressed to Anita Hall at 828-227-3031 or Robbin Brooks at 828-227-3479.