Club Sports
Travel Reimbursement Request Form
ATTACH ALL RECEIPTS

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 extension 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.