

IPFW Athletic Team Travel Expense Summary

Name of Sport	Name of Coach	Destination: City State	Departure Date	Departure Time	Return Date	Return Time
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Check the boxes in which the team was in travel status

If a day has one box checked its a Partial Day Used - If a day has both boxes checked is a Full Day Used

Day 1 12M 8AM 8AM 12M	Day 2 12M 5PM 5PM 12M	Day 3 12M 5PM 5PM 12M	Day 4 12M 5PM 5PM 12M	Day 5 12M 5PM 5PM 12M	Day 6 12M 5PM 5PM 12M	Day 7 12M 5PM 5PM 12M	Day 8 12M 5PM 5PM 12M	Day 9 12M 5PM 5PM 12M	Day 10 12M 5PM 5PM 12M	Day 11 12M 5PM 5PM 12M	Day 12 12M 5PM 5PM 12M	Day 13 12M 5PM 5PM 12M	Day 14 12M 5PM 5PM 12M	Day 15 12M 5PM 5PM 12M	Day 16 12M 5PM 5PM 12M	Day 17 12M 5PM 5PM 12M	Day 18 12M 5PM 5PM 12M
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Travel Party Roster (List Names)

Travel Party Roster Cont. (List Names)

Cash Advance Food Receipts (List Individually)

Food Recept Amt

Cash Advance Misc Rts (List Ind.)

Misc Recept Amt

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
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21
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45
46

1
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3
4
5
6
7
8
9
10
11
12
13
14
15
16

1
2
3
4
5

P-Card Misc Receipts (List Ind.)

Misc Recept Amt

1
2
3
4
5

of Parital Days Used
of full days used
Amount per parital day
Amount per full day
of in Travel Party
Food amount Allowed

Total Cash Advance Food Expenses	_____
Total Cash Advance Misc Expenses	_____
Total Cash Advance Expenses	_____
Original Cash Advance Amount	_____
Un-used Funds Returned	_____
Total P-card Food Expenses	_____
Total P-card Misc Expenses	_____
Total Food Expenses	_____
Total Trip Expenses	=====

I hereby certify that the amounts claimed are correct under published travel expense regulations of IPFW

Signature of Coach
Date

P-Card Food Receipts (List Individually)

Food Recept Amt

1
2
3
4
5
6
7
8
9
10
11

_____	_____
Signature of Business Manager	Date