



Indiana University - Purdue
 University Fort Wayne

Athletic Department Travel Authorization

Trip No. _____

Contact Information	
Sport:	
Coach or Staff Member:	
Contact Telephone:	

Itinerary			
Type of Travel	<input type="checkbox"/> IPFW Team Travel <small>*requires NCAA compliance office approval</small>	<input type="checkbox"/> Recruiting Travel <small>*requires NCAA compliance office approval</small>	<input type="checkbox"/> Individual Travel <input type="checkbox"/> Visiting Team Travel
IF TEAM TRAVEL:	<input type="checkbox"/> By checking this box I affirm that travel will begin no earlier than 48 hours prior to the start of the actual competition for any regular season and conference championship competition.		
Purpose of Trip:			
Destinations:			
Departure Date & Time:			
Return Date & Time:			
Actual Recruiting Date(s):			
Special Instructions	(sequence of events, destinations, other relevant information)		

Transportation Requirements	
(indicate types needed and any requirements or special instructions)	
Bus Transportation:	
Air Transportation:	
Rental Vehicles:	
University Vehicles:	

Travel Party			
Name	Function	Name	Function
1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	
11.		12.	
13.		14.	
15.		16.	
17.		18.	
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21.		22.	
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25.		26.	
27.		28.	
29.		30.	
31.		32.	

