

**UNIVERSITY OF HOUSTON-VICTORIA
STUDENT ATHLETE PER DIEM REQUEST**

Attachment A

Travel Request #

GENERAL INFORMATION		
TEAM		IMPORTANT NOTICE By signing and submitting this form you ;agree that the requested funds will be used for the purposes stated in this form. Failure to provide Per Diem receipt form will cause your next travel per diem to be denied
AWAY GAME		
DATE NEEDED BY		
Dept trip Coordinator/Cash Custodian		
address	% UHV	
	3007 N Ben Wilson-Victoria TX 77901	
phone number/extension		
DESTINATION		
DEPARTURE DATE/TIME		
RETURN DATE		
PURPOSE OF TRAVEL		
NUMBER OF TRAVELERS		
TOTAL PER DIEM REQUESTED		

ANTICIPATED EXPENSES			Daily	# of	Total
Type of expense	Total number of Athletes		Per Diem	Days	Expense
Breakfast					
Lunch					
Dinner					
Voucher Grand Total					

COST CENTER INFORMATION		
Business Unit:	765	Additional Information Concerning Trip
Department	Athletics	
Fund:		
Program:		
Account number:		

FUND RESPONSIBILITIES ACKNOWLEDGED BY:			
Dept trip Coordinator/Cash Custodian		Date	
	Signature		
Athletic Department Supervisor		Date	
	Signature		