



Madera Unified School District Athletic Team Travel Request Form

All travel events must be Board approved prior to the start of the season of sport.

A completed Athletic Team Travel Request Form must be submitted for approval prior to the start of the league.

Name of Sport	-							
Name of Event								
Head Coach				ı				
Purpose of Trip								
Destination						_		
Dates of Trip	Departure Date:		Time:					
	Return Date:			Time:				
Number of Participants T	raveling	Adults:			Stud	ent Athletes:		
Mode of Transportation	() Air () Bus MUS	SD ()\	/an MUS	D	() Other		
ESTIMATE OF EXPENSES								
Transportation			() PO	() Cal (Card	() Other _		
Mileage			() PO	() Cal	Card	() Other _		
(personnel vehicle) Lodging			() PO	() Cal	Card	() Other _		
Meals			() PO	() Cal (Card	() Other _		
Registration Fees			() PO	() Cal	Card	() Other _		
Total Estimated Cost		_				Per Diem Rates		
			Breakfast: _		_ Lunc	h:	Dinner:	
Account Code(s) for Po	O: 01							
	01							
REQUIRED SIGNATURES								
Coach:					_	Date _		
School Athletic Director:					-	Date _		
Director of Athletics:					_	Date _		

You are required to submit a copy of your itinerary with this completed form 15 days in advance of trip.