

**GRAYS HARBOR COLLEGE**

**ADVANCE FOR ATHLETIC TRAVEL AND STUDENT ACTIVITIES TRAVEL**  
(must be completed 2 weeks in advance of the departure date)

**DESTINATION:** \_\_\_\_\_

Club                  Basketball                  Golf                  Volleyball                  Baseball                  Softball

**IF CLUB, WHICH ONE:** \_\_\_\_\_

**PURPOSE OF TRIP:** \_\_\_\_\_

**ACCOUNT CODE:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**TRIP DETAILS**

DEPART: \_\_\_\_\_ at \_\_\_\_\_ AM  
DATE                  TIME                  PM                                  RETURN: \_\_\_\_\_ at \_\_\_\_\_ AM  
DATE                  TIME                  PM

**ANTICIPATED EXPENSE FOR WHICH CASH ADVANCE IS REQUIRED:**

1. NUMBER OF ATTENDEES: \_\_\_\_\_

2. MEALS	# of meals		# of attendees				
	_____ BREAKFAST	X	_____	X	\$10	=	\$ _____
	_____ LUNCH	X	_____	X	\$12	=	\$ _____
	_____ DINNER	X	_____	X	\$16	=	\$ _____
					TOTAL	\$	_____

NAME OF WHO TO WRITE CHECK TO (STAFF): \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT LIFE APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

ATHLETICS APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

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I HEREBY ACKNOWLEDGE RECEIPT OF \$ \_\_\_\_\_ TO COVER ANTICIPATED EXPENSES ON THE TRIP INDICATED ABOVE. I UNDERSTAND THAT AFTER COMPLETING THE TRIP, I MUST FILE A REPORT OF ACTUAL EXPENTITURES (EXCEPT SUBSISTENCE COVERED BY PER DIEM ALLOWANCE) WITHIN 5 WORKING DAYS AND REFUND ANY EXCESS ABOVE ACTUAL OR ALLOWED EXPENSE.

STAFF/ADVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_