



# Request for Official Recruiting Visit

OV # \_\_\_\_\_

Date \_\_\_\_\_ Coach (Printed) \_\_\_\_\_  
 Sport \_\_\_\_\_ Coach's Signature \_\_\_\_\_  
 Coach's Phone No. \_\_\_\_\_ Coach's E-Mail \_\_\_\_\_

## DESCRIPTION OF OFFICIAL VISIT EXPENSES

Prospect(s) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Traveling From \_\_\_\_\_  
 Arrival Date and Time \_\_\_\_\_ Departure Date and Time \_\_\_\_\_

<b>CASH ADVANCE REQUESTED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>AMOUNT REQUESTED \$</b> _____
<b>Transportation</b> Vehicle Mileage: _____ total miles @ _____¢ per mile Air: _____ (CBA)	<b>Transportation</b> Maximum Cost \$ _____
<b>Lodging</b> _____ rooms X _____ nights @ \$ _____ per night Must indicate payment method:    CBA;    LaCarte;    Reimbursement	<b>Lodging</b> \$ _____
<b>Meals</b> Number of meals: _____ Breakfasts; _____ Lunches; _____ Dinner (Mark number of each meal)    Number at each meal: _____ Must indicate payment method:    LaCarte;    Reimbursement List of attendees at each meal must be included on expense form.	<b>Meals</b> \$ _____
<b>Entertainment:</b> Explanation REQUIRED to be included on expense form.	<b>Entertainment</b> \$ _____
<b>Miscellaneous (MUST Explain—Use additional pages if necessary):</b>	<b>Miscellaneous</b> \$ _____
<b>TOTAL</b>	

ACCOUNTING					
Fund	Org	Account	Program	Activity	Amount

APPROVALS			
Department	Signature	Printed Name	Date
Head Coach			
Athletics Compliance			
Asst. AD for Business			
Director of Athletics or Designee			
Comptroller			
President			
Director of Purchasing			
Vice President of Administration & Finance			