Club Travel

- Concur
- Hotel Reservation
- Direct Travel
- Vehicle Reservation
- Travel Itinerary
Any student traveling or might need to be reimbursed should fill out the Concur Authorization.

<table>
<thead>
<tr>
<th>RIN</th>
<th>Legal Name</th>
<th>RCS ID</th>
<th>Address</th>
<th>Club Fund Number</th>
<th>Program Code (Ask SARP)</th>
<th>SARP Name</th>
<th>SARP Approval</th>
</tr>
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<td>SARP Name</td>
<td>SARP Approval</td>
</tr>
<tr>
<td>667234567</td>
<td>Christian Brown</td>
<td><a href="mailto:brownc27@rpi.edu">brownc27@rpi.edu</a></td>
<td>152 East Lane</td>
<td>302075</td>
<td>3137</td>
<td>Steve Allard</td>
<td></td>
</tr>
</tbody>
</table>

Choose One

Direct Deposit (preferred option)

☐ I would like my reimbursement to be directly deposited to my bank.

☑ I understand that I will receive an e-mail from you when I have access.

Steve Allard  8/25/14
• Vans
• Hotels
• Flights

ALL TRIPS MUST HAVE SARP APPROVAL.
<table>
<thead>
<tr>
<th>Item #</th>
<th>Description (be as specific as possible)</th>
<th>Specific Details</th>
<th>Qty.</th>
<th>Unit Price</th>
<th>Total Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hotel Rooms</td>
<td>2 nights</td>
<td></td>
<td>$55/night</td>
<td>$550.00</td>
</tr>
<tr>
<td></td>
<td>under Joe Smith</td>
<td>check in 9/19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>check out 9/20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Vendor: List the Hotel and CAT**

Vendor Name: Holiday Inn

Hotel Address: 1 Main Street, Rochester, NY 14603

Vendor Phone: (585) 473-1254

Vendor Fax: (585) 473-1258

**Hotel Rooms for What?**

How many beds/room?

Non-smoking?

**When will you Check in and out?**

How many rooms? Multiple Nights?
**Vendor:** Enterprise or National and CAT

**Type of Vehicle**
- Van Rentals

**Why are they needed?**
- Pick up 9/18
- Return 9/20

**When will you pick up and drop off?**

**How many vehicles?**

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**PLEASE PRINT NEATLY**

**Direct Travel**

**Vendor Name:** Enterprise
**Corporation Name for credit card orders:** (if not same as vendor)
**Vendor Address:** Hoosick St.
**Vendor Phone:** (518) 279-9130
**Vendor Fax # (Required):** (518) 279-9150

**Acct # To Be Charged:** 60275 3137 91040 20102
**Program/Code:** Org. Activity

**Today's Date:** 9/4/15
**Date Required:** 9/18/15

**Total:** $299.99

**Club Officer's Signature:**

**Union Staff Signature:**
Club Travel Itinerary

Club member in charge (if applicable): Racquel Hall

Date/Dates you will be gone: 9/12-9/14/14

Lodging (name): Marriott Hotel

Address: 1890 Ridge Rd West, Rochester NY 14617

Contact Person: Joe Soloman

Who is Traveling, Including YOU

Where are you leaving from and when? What stops will you make?

Where and when will you arrive? When will you return?

List any Coaches or Instructors going:

Who is the main point of contact during travel?

Who is Traveling, Including YOU

List EVERYONE Traveling with your Team:

Drivers: Christian Brown, Brian Grimes

Clubs are to give a copy of this itinerary to The Union Admin Office for distribution at least 2 days prior to your departure... (SARP's will be notified by Michele Edwards)

Received and Distributed: Union Admin office, Public Safety, DOSO