

# Club Travel

Concur

Hotel Reservation

Child Albany Travel

Vehicle Reservation

Travel Itinerary





**Concur Authorization Form  
For Rensselaer Students**

	Student With Access to Concur	Student as a Guest No Access to Concur
RIN	667234567	
Legal Name	Christian Brown	
RCS ID (ex. rochmp@rpi.edu)	brownc27@rpi.edu	
Address: If paid by check, this is where the reimbursement check will be mailed.	15 Louwt Lane Cohoes NY 12047	
Default Fund #	302075	
Default Organization #	3137	
Default Program #	50050	
Default Activity #	200207	
Home Portfolio #	3010	
Home Organization #	3132	
Supervisor: (This is the RPI employee responsible for approving the business purpose of the trip.)	Steve Allard	
Travel Arranger and Expense Delegate: This is the RPI employee that will make the travel arrangements and will also prepare and submit expense reports on behalf of the student. Must not be the supervisor designated above.		
<b>Choose One</b> <u>Direct Deposit</u> (preferred option) <input checked="" type="checkbox"/> 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. <small>Important: It can take up to 3-5 days for the Concur system to confirm your banking information prior to processing your first direct deposit. This will hold true as well anytime you make a change to your banking information.</small> <u>Check</u> <input type="checkbox"/> I would like to be reimbursed by check.		

Steve Allard *Steve Allard* 8/25/14  
 Printed Name and Signature of the Supervisor Date

Please submit this completed form to the Travel Office, Rice Building, 5th Floor so that the profile can be established in Concur.

The student with access to Concur named above or the Travel Arranger/Expense Delegate named above will be contacted once the profile has been established. At that time you will be provided instructions on how to access Concur and how to complete the profile.

**Check List**

\_\_\_\_\_ will be e-mailed to you. Upon \_\_\_\_\_

RIN

Legal Name

RCS ID

Address

Club Fund Number

Program Code (Ask SARP)

SARP Name

SARP Approval

**Any student traveling or might need to be reimbursed should fill out the Concur Authorization.**



- Vans
- Hotels
- Flights



**ALL TRIPS MUST HAVE SARP APPROVAL.**

SPECIAL INSTRUCTIONS:

\_\_\_\_\_ Rush \_\_\_\_\_ Mail Attachments

To be filled in by finance office:

P.O. # \_\_\_\_\_

Pick Up Arrangements \_\_\_\_\_

RENSELAEUR UNION  
Purchase Requisition Form

Purchase Order/Blanket  
 Declining Balance Credit Card  
(For Travel And Entertainment (Food) Only)

(Necessary)

PRE-APPROVAL

FTR  
 PayPal  
 Money Order  
 Child Albany Travel  
 Club Operating Fund

PLEASE CHOOSE ONE:

Will Pick-Up PO	Will Pick-Up Check at Union
Mail PO	Mail Check
E-mail or Fax PO	Hold Check at Rice Bldg.

Vendor: List the Hotel and CAT

PLEASE PRINT  
Vendor ID#

Vendor Name  
Corporation Name for credit card orders  
(If not same as vendor)

Vendor Address

Vendor Phone

Vendor Fax or e-mail

Marrriott Hotel / CAT  
1890 Ridge Road West  
Rochester NY 14615 (800) 245-5459

Today's Date: 8/20/14  
Date Required: 9/12/14

Club Name

Club Officer:

Account # To Be Charged

Name Christian Brown

Phone 6505

\*\*From Budget:

Racquetball  
30205 3137 5000  
CLUB ACCT. # ORG. PROGRAM CODE

Position President

E-mail brownc27@mi.edu

Item #	Description (be as specific as possible)	Specific Details	Qty.	Unit Price
	Hotel Rooms for Tournament	Check in 9/12/14	5 Rooms	75.00 Per night
	Double Rooms Non-Smoking	Check out 9/14/14	x 2 Nights	9/50

How many  
rooms?  
Multiple Nights?

Hotel Rooms for What?  
How many beds/room?  
Non-smoking?

When will you  
Check in  
and out?

\*\*By signing this, I the Club Officer signed below, affirm that the information provided is accurate and from our current approved budget.

CLUB OFFICER'S SIGNATURE Christian Brown  
UNION STAFF SIGNATURE Steve Pellard

TOTAL \$750.00  
DATE 8/20/14  
DATE 8/20/14

# HOTELS

# Vehicle Rental

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_ Rush \_\_\_\_\_ Mail Attachments

**RENSSELAER UNION  
Purchase Requisition Form**

**PRE-APPROVAL**

To be filled in by finance office:

P.O. # \_\_\_\_\_

Pick Up Arrangements

- Purchase Order/Blanket  
 Declining Balance Credit Card  
 (For Travel And Entertainment (Food) Only)

- FTR  
 PayPal  
 Money Order  
 Child Albany Travel  
 Club Operating Fund

**Vendor: Enterprise or National and CAT**

PLEASE CHOOSE ONE:

PLEASE PRINT  
Vendor ID# \_\_\_\_\_

Vendor Name Enterprise Car Rental / CAT  
 Corporation Name for credit card orders \_\_\_\_\_

Will Pick-Up PO   
 Mail PO   
 E-mail or Fax PO

Will Pick-Up Check at Union   
 Mail Check   
 Hold Check at Rice Bldg.

Vendor Address 804 Hoarick Rd  
Troy NY 12180  
 Vendor Phone (518) 279-9130 800 245-8459

Today's Date: 8/25/14  
 Date Required: 9/12/14

Club Name Racquetball  
 Account # To Be Charged 302075 3137 50050  
 \*\*From Budget: B 1

Club Officer:  
 Name Christian Brown Phone 6505  
 Position President E-mail Brownc27@rpt.edu

Item #	Description (be as specific as possible)	Specific Details	Qty.	Unit Price	How many vehicles?
	<u>7 Passenger Vans for trip to RIT</u>	<u>Pick up 9/12/14</u> <u>Drop off 9/14/14</u>	<u>2</u>	<u>115.99</u>	

Type of Vehicle  
Why are they needed?

When will you pick up and drop off?

\*\*By signing this, I the Club Officer signed below, affirm that the information provided is accurate and from our current approved budget.

CLUB OFFICER'S SIGNATURE Christian Brown  
 UNION STAFF SIGNATURE Steve Allard

TOTAL = 231.98  
 DATE 8/25/14  
 DATE 8/25/14

## Club Travel Itinerary

Club Racquetball  
 Club member in charge (if applicable) Christian Brown Coach/Instructor  
 Date/Dates you will be gone 9/12 - 9/14/14 Mode of Transportation Vans  
 Lodging (name) Marrriott Hotel Phone # (525) 225-6880  
 Address 1890 Ridge Rd West, Rochester NY 14615  
 School or Place where event will be held RIT  
 Contact Person Joe Solomon Phone # (525) 225-4535  
 Address One Lomb Memorial Drive, Rochester NY  
Clark Gymnasium

Club, Your Name,  
 Where are you staying?  
 Why are you traveling?  
 Who is the main point  
 of contact during  
 travel?

ITINERARY (Type detailed itinerary below - if necessary use reverse side)  
 9/12/14 Meet in horseshoe  
 depart @ 1pm  
 7pm Arrive in Rochester  
 check in  
 9/13/14 8am Clark gym  
 for tournament  
 6pm Dinner and back  
 to hotel  
 9/14/14 Check out 10am  
 Return to RIT ~ 4pm

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

List EVERYONE Traveling with your Team...

- |                         |                            |           |           |
|-------------------------|----------------------------|-----------|-----------|
| 1. <u>Carla Perri</u>   | 11. <u>Dennis Jendras</u>  | 21. _____ | 31. _____ |
| 2. <u>Rich Jones</u>    | 12. <u>Peter Ellsby</u>    | 22. _____ | 32. _____ |
| 3. <u>Tony Clarke</u>   | 13. <u>Andy Tibbits</u>    | 23. _____ | 33. _____ |
| 4. <u>Sam Laskaris</u>  | 14. <u>Christian Brown</u> | 24. _____ | 34. _____ |
| 5. <u>Jack Peirson</u>  | 15. _____                  | 25. _____ | 35. _____ |
| 6. <u>Al Shipley</u>    | 16. _____                  | 26. _____ | 36. _____ |
| 7. <u>Dan Robre</u>     | 17. _____                  | 27. _____ | 37. _____ |
| 8. <u>Mike McNeilas</u> | 18. _____                  | 28. _____ | 38. _____ |
| 9. <u>Brian Grimes</u>  | 19. _____                  | 29. _____ | 39. _____ |
| 10. _____               | 20. _____                  | 30. _____ | 40. _____ |

Who is Traveling,  
 Including YOU

Coaches/Instructors:

Drivers: Christian Brown Brian Grimes

List any Coaches or  
 Instructors going.

If the cl

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 \_\_\_\_\_

# Travel Itinerary