

# Club Travel

Concur

Hotel Reservation

Direct 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> <b>Check</b> <input type="checkbox"/> I would like to be reimbursed by check.		

will be e-mailed to you. Upon

RIN

Legal Name

RCS ID

Address

Club Fund Number

Program Code (Ask SARP)

SARP Name

SARP Approval

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.

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



Monday – Friday  
8am – 6pm  
866.492.9839  
cttravel@dt.com



**For After-Hours Emergency:**  
866.492.9839 option 8  
**International Emergency:** 203.787.6223 (call collect)

- Vans
- Hotels
- Flights

**ALL TRIPS MUST HAVE SARP APPROVAL.**

**DIRECT TRAVEL**

SPECIAL INSTRUCTIONS:

Rush  Mail Attachments

To be filled in by finance office:

RENSELAER UNION  
Purchase Requisition Form

PRE-APPROVAL

- FTR
- PayPal
- Money Order
- Child Albany Travel **DT**
- Club Operating Fund

Vendor: List the Hotel and CAT

PLEASE PRINT NEATLY

Vendor ID# \_\_\_\_\_  
 Vendor Name Holiday Inn **Direct Travel**  
 Corporation Name for credit card orders \_\_\_\_\_  
 (If not same as vendor) \_\_\_\_\_  
 Vendor Address 2 Main Street  
Rochester NY 14603  
 Vendor Phone (585) 473-1256  
 Vendor Fax # (Required\*) (585) 473-1258

PLEASE CHOOSE ONE:

Will Pick-Up PO	Will Pick-Up Check at Union
Please Email PO	Please Mail Check
Please Fax PO*	Hold Check at Rice Bldg.

Club Officer Name Joe Smith Phone (518) 276-6505  
 Officer Position Treasurer Email smithj15

Club Name Racquetball  
 Acct # To Be Charged 302075 3137 91040 281003  
Club Acct. # Org. Program code Activity

Today's Date: 9/4/15  
 Date Required: \_\_\_\_\_

Item #	Description (be as specific as possible)	Specific Details	Qty.	Unit Price
	<u>Hotel Rooms</u>	<u>2 nights</u>	<u>5</u>	<u>\$55/</u>
	<u>under Joe Smith</u>	<u>check in 9/18</u>	<u>Rms</u>	<u>night</u>
	<u>confirmation emailed</u>	<u>check out 9/20</u>		
	<u>to Sarp</u>			

How many rooms?  
Multiple Nights?

Hotel Rooms for What?  
How many beds/room?  
Non-smoking?  
When will you Check in and out?

\*\*By inform \_\_\_\_\_ at the approved budget. TOTAL 550.00

CLUB OFFICER'S SIGNATURE Joe Smith  
 UNION STAFF SIGNATURE BT M. Allard

DATE 9/4/15  
 DATE 9/4/15

HOTELS



# 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) Marrjatt 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?  
 Stops will you make?  
 Where and when will  
 you arrive? When will  
 you return?

ITINERARY (Type detailed itinerary below - if necessary use reverse side)

9/12/14 Meet in horseshoe depart @ 1pm 7pm Arrive in Rochester check in	9/14/14 Check out 10am Return to RIT ~ 4pm
9/13/14 8am Clark gym for tournament 6pm Dinner and back to hotel	

List EVERYONE Traveling with your Team...

1. <u>Carla Perri</u>	11. <u>Dennis Jendras</u>	21. _____
2. <u>Rich Jones</u>	12. <u>Peter Ellsby</u>	22. _____
3. <u>Tony Clarke</u>	13. <u>Andy Tibbits</u>	23. _____
4. <u>Sam Laskaris</u>	14. <u>Christian Brown</u>	24. _____
5. <u>Jack Peirson</u>	15. _____	25. _____
6. <u>Al Shipley</u>	16. _____	26. _____
7. <u>Dan Robre</u>	17. _____	27. _____
8. <u>Mike McNeel</u>	18. _____	28. _____
9. <u>Brian Grimes</u>	19. _____	29. _____
10. <u>Scott Miller</u>	20. _____	30. _____
31. _____	32. _____	33. _____
34. _____	35. _____	36. _____
37. _____	38. _____	39. _____
40. _____	41. _____	42. _____

Coaches/Instructors: \_\_\_\_\_

Who is Traveling,  
 Including YOU

Drivers: Christian Brown Brian Grimes

List any Coaches or  
 Instructors going.  
 If the club is driving, List Drivers

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

