



CLUB SPORTS

Carpool Reimbursement

Club Sport: _____

Competition

Activity Date _____

_____ miles from OBU

Total miles traveled _____

Destination address: Street _____

City _____ State _____

School (If applicable) _____

Drivers

*To be filled in by Club Sports Office

Name of Driver	ID Number	OBU Box #	Number of passengers	Amount Due

_____ Miles @ \$ _____ /Mile

President Signature _____ Date _____

President Name (Print) _____

Sponsor Signature _____ Date _____

Sponsor Name (Print) _____

Approved

Denied

Club Sports Coordinator Signature _____ Date _____

Assistant Dean's Signature _____ Date _____