



Texas A&M-Corpus Christi

Compliance Office for Athletics

Team Travel Approval Form

Sport: _____

Date: _____

Opponent: _____ Mode(s) of Transportation
(choose from the drop down list) _____

Location: _____ Airline & Flight Number (if
applicable) _____

Event/Game(s) Date & Time: _____ Vehicle (Number of Drivers &
Drivers Names) _____

Departure Date/Time: _____ Hours behind wheel each way?
(Staff Drivers) _____

Return Date/Time: _____ Departure City: _____

of Missed Class Days: _____ Arrival City: _____

Will Student-Athletes Receive Per Diem? Yes ☐ No ☐ Hotel Name, Address and
Phone Number _____

Traveling Staff Members:

Head Coach _____ Manager _____

Assistant Coach _____ Manager _____

Assistant Coach _____ Trainer(s) _____

Assistant Coach _____ Other Staff _____

SID _____ Other Staff _____

Student-Athletes:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Coaches Signature: _____

Date: _____

Compliance Approval: _____

Date: _____

Additional Signature: _____

Date: _____

(If required per team travel policy)