

OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM**ATHLETICS PAYMENT REQUEST**

Fiscal Services/#2001/Revised, June 2023

ACCOUNTS PAYABLE ONLY:
 Coach
 Voucher #: _____
 Amount: \$ _____
 Registration
 Voucher#: _____
 Amount: \$ _____
 AP Type: _____

PLEASE TYPE OR PRINT CLEARLY.

*** REQUIRED INFORMATION. COMPLETE ALL FIELDS FOR PROMPT PROCESSING**

DATE: _____

*DATATEL#: _____

*COACH: _____

*SPORT: _____

DATE (S) OF TRIP _____ TIME OF DEPARTURE _____ AM PM TIME OF RETURN: _____ AM PM

*PURPOSE OF TRIP: _____

*DESTINATION CITY: _____

 * CHECK NEEDED BY: _____ *NO. OF STUDENTS *NO. OF COACHES
STUDENTS**MEAL ALLOWANCE:**

OF DAYS FOR EACH MEAL: BREAKFAST _____ LUNCH _____ DINNER _____

BREAKFAST PRIOR TO 7:30 AM	LUNCH	DINNER AFTER 5:30 PM
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 → \$6.00 Per/STUDENT + \$8.00 Per/STUDENT + \$11.00 Per/STUDENT = \$ _____ X # OF STUDENTS = \$ _____
LODGING ALLOWANCE:

_____ NIGHT(S) X _____ STUDENT(S) X \$25.00 COST PER/ NIGHT = \$ _____

COACHES**MEAL ALLOWANCE:**

OF DAYS FOR EACH MEAL: BREAKFAST _____ LUNCH _____ DINNER _____

BREAKFAST PRIOR TO 7:30 AM	LUNCH	DINNER AFTER 5:30 PM
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 → \$13.00 Per/COACH + \$15.00 Per/COACH + \$26.00 Per/COACH = \$ _____ X # OF COACHES = \$ _____
LODGING ALLOWANCE:

_____ NIGHT (S) X _____ COACH (S) X _____ COST PER/NIGHT = \$ _____

REGISTRATION

ADVANCE PAYMENT PAYEE: _____ DATATEL #: _____

 YES NO

ADDRESS: _____

MAIL PAYMENT

 YES NO

CITY _____ STATE _____ ZIP CODE _____

DESCRIPTION: _____ FEE AMOUNT \$ _____

ACCOUNT LINE: _____ TOTAL \$ _____

ACCOUNT LINE: _____ TOTAL \$ _____

*INITIATED BY: _____ *BOX#: _____ EXT #: _____

*MGR/VP/PRESIDENT APPROVAL: _____ DATE: _____

* FISCAL SERVICES: _____ DATE: _____

ROUTING PROCEDURE: Initiator > Supervisor/Manager > Dean/VP > Fiscal Services > cc: Fiscal Svcs. > Folder > Athletics