



OFFICIAL VISIT ITINERARY AND MEAL FORM

Sport _____ Recruiting Coach _____

PSA Name _____ Clearinghouse Number _____

Official Visit Begins: Date _____ Time ____ AM PM Ends: Date _____ Time ____ AM PM

Student-Athlete Host _____ Site of Lodging _____
(Please attach receipt to Athletic Business Office Expense Report)

Meal Expenses Paid by PSA: Yes _____ No _____ **If no, attach copies of receipts for meals provided.**

Meals (in addition to student-athlete host money - reimbursement)

Day One _____ Time _____	Location/Who Ate	Amount
Breakfast	_____	_____
Lunch	_____	_____
Dinner	_____	_____
TOTAL TO BE REPORTED ON BUSINESS EXPENSE REPORT FOR DAY ONE		_____

Day Two _____ Time _____	Location/Who Ate	Amount
Breakfast	_____	_____
Lunch	_____	_____
Dinner	_____	_____
TOTAL TO BE REPORTED ON BUSINESS EXPENSE REPORT FOR DAY TWO		_____

Day Three _____ Time _____	Location/Who Ate	Amount
Breakfast	_____	_____
Lunch	_____	_____
Dinner	_____	_____
TOTAL TO BE REPORTED ON BUSINESS EXPENSE REPORT FOR DAY THREE		_____

Head Coach Signature _____ Date _____

APPROVED:

Athletics Compliance Signature _____ Date _____