



PER DIEM REQUEST INFORMATION

Date(s) of Meal(s):	Competition (home, away-meal, away-per diem, vacation):
Name of Individual Completing Form:	Sport:

Home Competition	Away Competition Meal Option	Away Competition Per Diem Option	Vacation Period (SA staying on campus)
<ul style="list-style-type: none"> May provide SAs with meals at the institution's discretion Begins evening before day of competition, ends with start of competition May provide a post-game per diem (\$15) OR a meal after conclusion of contest <u>No other cash may be given</u> 	<ul style="list-style-type: none"> May provide SAs with meals at the institution's discretion Begins when SAs report Ends when SAs released At the time of release SAs can be provided \$15 or a meal, but not BOTH. 	<ul style="list-style-type: none"> 3 meals per day Extra "pre/post-game" meal on day of competition If per diem is provided for the pre/post game meal, it cannot exceed \$15. Per diem <u>may</u> be given in lieu of a meal, but cannot provide both 	<ul style="list-style-type: none"> 3 meals per day Per diem <u>may</u> be given in lieu of a meal, but cannot provide both An additional meal per day may be provided – <u>no</u> per diem in lieu of this meal

Please attach travel itinerary/practice schedule

Date of Meal(s)	Competition (home, away-meal, away-per diem, vacation)	
Breakfast:	<input type="checkbox"/> Meal or <input type="checkbox"/> Per Diem (\$13.00)	
Lunch:	<input type="checkbox"/> Meal or <input type="checkbox"/> Per Diem (\$14.00)	
Dinner:	<input type="checkbox"/> Meal or <input type="checkbox"/> Per Diem (\$23.00)	
Pre/Post Game:	<input type="checkbox"/> Meal or <input type="checkbox"/> Per Diem (\$15.00) Contest: _____	
Vacation (additional):	<input type="checkbox"/> Meal	
NCAA Incidental:	<input type="checkbox"/> Per Diem (\$30.00)	
Total:	\$	

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Total:	\$

My signature indicates that all student-athletes receiving this per diem does not reside at their permanent address with guardian and have triggered student-athlete status.

Head Coach/Designee Signature:	Date:
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COMPLIANCE APPROVAL

Compliance Signature:	Date:
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