



**University of Louisiana – Lafayette COMPLIANCE OFFICE  
Local Travel Request Form**

NAME: \_\_\_\_\_

TRAVEL IS REQUESTED FROM: \_\_\_\_\_ to \_\_\_\_\_  
Date Date

SPORT: \_\_\_\_\_

TITLE: \_\_\_\_\_

LOCATION OF RECRUITING (i.e., tournament, school, home visit, etc.):  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TYPE OF INTENDED RECRUITING (circle one): CONTACT EVALUATION

**FOR COMPLIANCE OFFICE ONLY:**

APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*PLEASE BE REMINDED THAT ALL CONTACTS/EVALUATIONS MUST BE ENTERED BY THE RECRUITING COACH INTO ACS ATHLETICS.**