

BEMIDJI STATE UNIVERSITY OFFICIAL VISIT RECRUITING RECORD

PROSPECT'S NAME: _____

METHOD OF TRAVEL (check one):

AIR Flight Arrival _____ Flight Departure _____ Cost _____

AUTO Mileage Reimbursement _____ miles (x) _____ per mile = _____

***If requesting mileage, submit to the Business Office 5 days in advance of visit.**

LODGING: Name of Hotel _____

Number of Rooms _____ Number of Nights _____ Total Cost _____

Student Host if used _____ Entertainment Money _____

LIST ALL INDIVIDUALS ACCOMPANYING PSA (i.e. parents, siblings, friends.):

NAME: _____ RELATIONSHIP: _____ LODGING: _____

NAME: _____ RELATIONSHIP: _____ LODGING: _____

NAME: _____ RELATIONSHIP: _____ LODGING: _____

LIST ANY COMPLIMENTARY ADMISSIONS:

DATE: _____ EVENT: _____ WHO ATTENDED: _____

DATE: _____ EVENT: _____ WHO ATTENDED: _____

LIST ANY MEALS PROVIDED (please attach a copy of any receipts):

DATE: _____ PLACE: _____ WHO ATTENDED: _____ COST: _____

DATE: _____ PLACE: _____ WHO ATTENDED: _____ COST: _____

DATE: _____ PLACE: _____ WHO ATTENDED: _____ COST: _____

DATE: _____ PLACE: _____ WHO ATTENDED: _____ COST: _____

***This form should be submitted to the Compliance Director no later than 5 days after the official visit has occurred.**