



TRAVEL REIMBURSEMENT FORM

SCHOOL _____ DATE OF ATHLETIC EVENT _____

DESTINATION _____ SPORT _____

TEAM QUALIFIERS – INCLUDES COACHES

- | | | |
|-----------|-----------|-----------|
| 1) _____ | 14) _____ | 27) _____ |
| 2) _____ | 15) _____ | 28) _____ |
| 3) _____ | 16) _____ | 29) _____ |
| 4) _____ | 17) _____ | 30) _____ |
| 5) _____ | 18) _____ | 31) _____ |
| 6) _____ | 19) _____ | 32) _____ |
| 7) _____ | 20) _____ | 33) _____ |
| 8) _____ | 21) _____ | 34) _____ |
| 9) _____ | 22) _____ | 35) _____ |
| 10) _____ | 23) _____ | 36) _____ |
| 11) _____ | 24) _____ | 37) _____ |
| 12) _____ | 25) _____ | 38) _____ |
| 13) _____ | 26) _____ | 39) _____ |

- A) Meal allotment per person per day
- B) Number of persons listed above including coach (es)
- C) Total meal allotment per day _____ (multiply line C times line D)
- D) Number of days approved at this rate for this event
- E) Total reimbursement: for meals _____ (Multiply line C times line D)
- F) Number of motel rooms approved _____ G) Number of nights in in motel
- H) Total motel cost (receipt must be attached)
- I) Total amount to be reimbursed (meals plus Motel) _____ Sum of lines E and H)

NOTE: This request for reimbursement must be received in the Department of Athletics within ten (10) calendar days after the scheduled event.