

# EXPENSE REIMBURSEMENT

<b>Name</b>		<b>Rate Per Mile</b>	<b>\$0.650</b>
<b>Mailing Address</b>		<b>Total Mileage</b>	
<b>City, State, Zip</b>		<b>Total Expenses</b>	

\*\*Only applies if traveling 40 miles or more one way\*\*

<b>Team Manager Name</b>	
<b>Team Age/Gender</b>	

Date	Starting Location	Destination	Event	Mileage	Reimbursement
<b>TOTALS</b>					

DATE	OTHER TRAVEL RELATED EXPENSES WITH RECEIPTS INCLUDED	Reimbursement
	Transportation	
	Lodging	
	Meals	
	Other	
<b>TOTAL OTHER</b>		

DATE	OTHER MISCELLANEOUS EXPENSES	Reimbursement
<b>TOTAL OTHER</b>		

<b>LESS ANY ADVANCE</b>	
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<b>DATE PAID</b>	
<b>CHECK #</b>	

<b>TOTAL EXPENSE BALANCE</b>	
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