



## **BOX** Team BC ATHLETE Travel Expense Reimbursement (Interior/Island Athletes)

**Please Note**: Every effort should be made to keep costs down when travelling to and from training camps, events, etc. If more than one athlete is travelling from the same area, every effort should be made to car pool. This includes ferry expenses—one vehicle from the same area.

All \*vendor receipts must accompany this form in an email to debheard@bclacrosse.com – please submit expenses on a monthly basis (at a minimum).

\*per BCLA audit requirements no vendor receipts means we cannot reimburse (take a photo/use Adobe Scan app on your phone to capture immediately.)

Name:				Date:	
Email for r	eimbursemen	t:			
Athlete's 1	Name:				
Please selec	<mark>ct team</mark> ( <i>Please</i>	e use one form p	er team):		
Boy's	<b>U17</b>	U15	U13		
Girl's	<b>U22</b>	U17	U15	U13	
Event:					
Date: Location (City): _					
Travel fro	om the INTE	RIOR (\$75 fuel	total/No mileag	ge/No hotels)	
Gas (per event/maximum \$75 with receipts)				\$	
Travel fro	om the ISLAN	ND (Ferry fare	for athletes/driv	ver/car/No mileage/No hotels.)	
Ferry – CAR (1)				\$	
Ferry – <b>DRIVER</b>				\$	
Ferry – <b>DRI</b>	VER			T	
Ferry - <b>DRI</b> Ferry - <b>ATH</b>				\$	

## \*NOTE - Accommodations (Interior and Island)

Hotel (**before/after tournament travel only**) is to be arranged via the Team BC Travel Agent and cannot be expensed. Please contact your Team Manager for information.