



BOX Team BC STAFF Nationals Expense Reimbursement

All ***vendor receipts** and a detailed excel spreadsheet must accompany this form in an email to debheard@bclacrosse.com immediately following the tournament.

**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 reimbursement: _____

Please select team:

Boy's	U17	U15	U13	
Girl's	U22	U17	U15	U13

Specifics:

Athlete Meals/Drinks/Snacks \$ _____

Staff Meals/Drinks/Snacks \$ _____

Vehicle Rental (&/or Insurance) \$ _____

Gas (@ event) \$ _____

Parking (at event) \$ _____

Parking (at YVR) \$ _____

Supplies (at event) \$ _____

Social Activities \$ _____

Ground Transportation \$ _____

Other Expenses:

(Please list details on excel spreadsheet) \$ _____

TOTAL EXPENSES \$ _____

ADVANCE Provided from BCLA \$ _____

Reimbursement Requested/Excess Returning \$ _____