



## 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 with date and time visible (not the machine payment receipt)** must accompany this form in an email to debheard@bclacrosse.com – please submit expenses after each practice/event.

*\*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:** \_\_\_\_\_

**Athlete's Name:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Location (City):** \_\_\_\_\_

**Please select team (Please use one form per team):**

<b>Co-ed</b>	<b>U17</b>	<b>U15</b>	<b>U13</b>	
<b>Girl's</b>	<b>U22</b>	<b>U17</b>	<b>U15</b>	<b>U13</b>

**INTERIOR** (\$150 fuel total per event with receipts / No mileage or hotels) \$ \_\_\_\_\_

**ISLAND** (Ferry fare for athletes/driver/car/No mileage/No hotels.)

Ferry – **Vehicle (1)** \$ \_\_\_\_\_

Ferry – **DRIVER** \$ \_\_\_\_\_

Ferry – **ATHLETE(S)** \$ \_\_\_\_\_

Please list names of athletes included in vehicle: \_\_\_\_\_

**\*HOTEL** \$ \_\_\_\_\_

**TOTAL EXPENSE REIMBURSEMENT REQUESTED** \$ \_\_\_\_\_

**\*NOTE - Accommodations (Interior and Island)** Hotel (before/after tournament travel only) please contact your Team Manager for information.