



FIELD 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 after each 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	Date:	
Email for reimburs	ement:			
Athlete's Name:				
<mark>Please select team</mark> (<i>l</i>	Please use one form per te	am):		
YOUTH				
U19	U17	U16	U15	
WOMEN'S				
U19	U15			
SR	JR	SOPH	FM	
Event:				
Date:	Location (City):			_
Travel from the I	NTERIOR (\$75 fuel tota	ll/No mileage/No hotels)		
Gas (per event/maximu	um \$75 with receipts)		\$	
Travel from the I S	SLAND (Ferry fare for a	thletes/driver/car/No m	ileage/No hotels.)	
Ferry – CAR (1)			\$	
Ferry – DRIVER			\$	
Ferry - ATHLETES			\$	
Please list names of ath	letes included in vehicle:			

*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.