# FIELD Team BC COACH/MANAGER Tournament Expense Reimbursement

**All expenses are subject to review/approval prior to funds being disbursed.**

Complete this form and submit via email with detailed vendor **RECEIPTS** with date and time visible *(not the machine payment receipt),* the detailed listing on the required excel spreadsheet and a snapshot of credit card activity for any charges in USF to show the currency exchange to debheard@bclacrosse.com immediately following the tournament.

Missing detailed receipt expenses will not be reimbursed as per BCLA audit requirements.

**Name:** _____ **Tournament Dates:** _____

**Email for reimbursement (via Plooto):** _____

**Tournament:** _____ **Location (City):** _____

**Select team:**

**YOUTH**

☐ **U19** ☐ **U17** ☐ **U16** ☐ **U15** ☐ **U14**

**WOMEN'S**

☐ **U19** ☐ **SR** ☐ **JR** ☐ **SOPH** ☐ **FM** ☐ **MS**

**Attached Checklist:**

☐ Detailed Excel Spreadsheet

☐ Vendor Receipts (*not payment receipts*)

☐ Credit Card detail on USF/CDN conversion charges

**TOTAL EXPENSES** $_____

**Manager ADVANCE Provided from BCLA** $_____

**Reimbursement Requested** $_____

**OR**

**Excess Returning** $_____