



BOX Team BC COACH/MANAGER Nationals 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: _____ National Dates: _____

Email for reimbursement (via Plooto): _____

Location (City/Province): _____

Select team:

Co-ed

U17

U15

U13

WOMEN'S

U22

U17

U15

U13

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 \$ _____