



## FIELD Team BC STAFF Tournament Trip 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.)*

A snapshot of credit card activity for any charges in **USF** to show the currency exchange must be included along with receipts.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email for reimbursement:** \_\_\_\_\_

**Name of Tournament:** \_\_\_\_\_

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

**Please select team:**

### YOUTH

U19

U17

U16

U15

U14

### WOMEN'S

U19

U15

SR

JR

SOPH

FM

MS

### 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 \$ \_\_\_\_\_

Mobile Phone (roaming) \$ \_\_\_\_\_

Gas Allowance (training) \$ \_\_\_\_\_

### **Any Other Expenses:**

(Please list details on excel spreadsheet) \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

**ADVANCE Provided from BCLA** \$ \_\_\_\_\_

**Reimbursement Requested/Excess Returning** \$ \_\_\_\_\_