



**Team BC Athlete Travel Expense Reimbursement Request – Interior/Island**

Please include all relevant **receipts with this Expense Reimbursement and E-mail** to deb@bclacrosse.com **immediately following travel to training camp or the airport to travel to a tournament.**

*\*For mailing cheque to*

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

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **PC:** \_\_\_\_\_

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

*Please select one:*

**Youth Field**

**U19                  U17                  U16                  U15                  U14**

**Women's Field**

**U19                  U15**

**SR                  JR                  SOPH                  FM                  MS**

**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.

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

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

**Travel from the Interior**

Gas (maximum \$75 with receipts) \$ \_\_\_\_\_

**Travel from the Island**

Ferry – CAR (1) \$ \_\_\_\_\_

Ferry - ATHLETES \$ \_\_\_\_\_

Please list names of athletes included in vehicle:

\_\_\_\_\_  
\_\_\_\_\_

**Accommodations – both Interior and Island**

Hotel (night before travel to a tournament) \$ \_\_\_\_\_

*\*\*if applicable - early morning flights only*

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