



## Team BC Manager Tournament Trip Expense Reimbursement Request

Please include all relevant **receipts with** this Expense Reimbursement and **E-mail** to [deb@bclacrosse.com](mailto:deb@bclacrosse.com) **immediately following the tournament.**

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

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

*\*for mailing cheque to*

*Please select one:*

Youth Field      U19              U17              U16              U15              U14

Women's Field    U19              SR              JR              SOPH              FM              MS

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

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

### Specifics:

Team Meals                      \$ \_\_\_\_\_

Drinks                              \$ \_\_\_\_\_

Snacks                              \$ \_\_\_\_\_

Car Rental                        \$ \_\_\_\_\_

Gas                                  \$ \_\_\_\_\_

Baggage (Airline)                \$ \_\_\_\_\_

Social                                \$ \_\_\_\_\_

### Other Expenses: *(Please list)*

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

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

**ADVANCE**                                                              \$ \_\_\_\_\_

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

**(LESS ADVANCE)**