



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:				
Parent Name:			Date:		
Address:			City:	PC: _	
Athlete's Na	ame:				
Please select	t one:				
Boy's	U17	U15	U13		
Girl's	U17	U15	U13	Junior	
events, etc.	If more than one		g from the same a	nen travelling to and from trair rea, every effort should be ma rea.	
Event:					
Date:		Lo	ocation (City):		
			•		
Travel fro	om the Interio	or			
Gas (maximum \$75 with receipts)				\$	
Travel fro	om the Island				
Ferry – CAR (1)				\$	
Ferry - ATHLETES				\$	
Please list na	ames of athletes i	ncluded in vehicle	:		
Accommo	dations – bot	h Interior and	Island		
	before travel to a	a tournament) rning flights only		\$	
TOTAL EXPENSE REIMBURSEMENT REOUESTED				STED \$	