



## 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.**

*\*for mailing cheque to*

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

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

*Please select one:*

Boy's	U17	U15	U13	
Girl's	U17	U15	U13	Junior

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)**