



FIELD Team BC Athlete Travel Expense Reimbursement Request for **Interior/Island Athletes**

All receipts must accompany this form in an email to debheard@bclacrosse.com immediately following travel to training camp or the airport to travel to a tournament. Name: _____ Date: _____

		ONE method for re	eimbursement (provide info fo	or selection):
	FRANSFER ess for processing	:			
	HEQUE				
Mailing Address:			City:		PC:
Athlete's N	Name:				
Please sel	ect team:				
Youth Fi	eld				
U19	U17	U16	U15	U14	
Women's	s Field				
U19	U15				
SR	JR	SOPH	FM	MS	
Event: _					
Date:		Location (City):			
Travel fr	om the Interio	or (\$75 fuel total/	No mileage/No	o hotels)	
Gas (per event/maximum \$75 with receipts)					\$
Travel fr	om the Island	(Ferry fare for a	thletes/driver	/car/No milea	nge/No hotels.)
Ferry – CAR (1)					\$
Ferry - ATHLETES					\$
Please list r	names of athletes i	included in vehicle:			
TOTAL	EXPENSE RE	EIMBURSEME	NT REQUES	STED	\$