



FIELD Team BC STAFF Tournament Trip Expense Reimbursement

All receipts and detailed excel spreadsheet must accompany this form in an email to debheard@bclacrosse.com immediately following the tournament.

Name: _____ Date: _____

Please select ONE method for reimbursement (provide info for selection):

ETRANSFER

Email address for processing: _____

CHEQUE

Mailing Address: _____ City: _____ PC: _____

Please select team:

Youth Field

U19 U17 U16 U15 U14

Women's Field

U19 U15
SR JR SOPH FM MS

Name of Tournament: _____

Date: _____ Location (City): _____

Specifics:

Team Meals \$ _____

Drinks \$ _____

Snacks \$ _____

Vehicle Rental (Insurance) \$ _____

Gas \$ _____

Parking (at event) \$ _____

Supplies (at event) \$ _____

Social Activities \$ _____

Mobile Phone (roaming) \$ _____

Other Expenses:

(Please list details on excel spreadsheet) \$ _____

TOTAL EXPENSES \$ _____

ADVANCE Provided from BCLA \$ _____

Reimbursement Requested/Excess Returning \$ _____