Team BC Manager Tournament Trip Expense Reimbursement Request

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

Name: _____ **Date:** _____

Address: _____ **City:** _____ **PC:** _____
for mailing cheque to

Please select one:

Boy's ☐ **U14** ☐ **U12**
Girl's ☐ **U14** ☐ **U12**

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)	$_____

2022June