



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:

Youth Field	U18	U16	U15	U14	U13
Women's Field	SR	JR	SOPH	FM	MS

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)