



Team BC Athlete Travel Expense Reimbursement Request – Interior/Island

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

For mailing	cheque to:			
Parent Name:			Date:	
Address:			City:	PC:
Athlete's Na	ame:			
Please selec	t one:			
Boy's	U17	U15	U13	
Girl's	U17	U15		
events, etc.	If more than one	athlete is travellin		ing to and from training camps, effort should be made to car
Event: _				
Date:		L	ocation (City):	
Travel fro	om the Interio	or		
Gas (maximum \$75 with receipts)				\$
Travel fro	om the Island			
Ferry – CAR (1)				\$
Ferry - ATHLETES				\$
Please list na	ames of athletes i	ncluded in vehicle	: :	
Accommo	odations – bot	h Interior and	Island	
Hotel (night	before travel to a	a tournament)		\$
		rning flights only	,	
TOTAL EXPENSE REIMBURSEMENT REQUESTED				\$