



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.

*for mailing che	que to				
Name:			Date:		
			City:	PC:	
Please select one Boy's	u17	U15	U13		
•	U17	U15	013		
Name of Tour	rnament:				
Date:		L	ocation (City):		
Specifics:					
Team Meals					
Drinks					
Snacks	\$_				
Car Rental	\$_				
Gas	\$_				
Baggage (Airlin	e) \$_				
Social	\$_				
Other Expens	ses: (Please	e list)		\$	
				\$	
				\$	
				\$	
TOTAL EXPENSES				\$	
ADVANCE				\$	
TOTAL EXPENSE REIMBURSEMENT REQUESTED				\$	

(LESS ADVANCE)