



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

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 \$ _____
Car Rental \$ _____
Gas \$ _____
Baggage (Airline) \$ _____
Social \$ _____

Other Expenses: (Please list)

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL EXPENSES \$ _____

ADVANCE \$ _____

TOTAL EXPENSE REIMBURSEMENT REQUESTED \$ _____
(LESS ADVANCE)