



**BOX Team BC STAFF Tournament Trip Expense Reimbursement**  
 All receipts and detailed excel spreadsheet must accompany this form in an email to debheard@bclacrosse.com immediately following the tournament.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please select ONE method for reimbursement (provide info for selection):**

**ETRANSFER**

Email address for processing: \_\_\_\_\_

**CHEQUE**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

**Please select team:**

- |               |            |            |            |            |
|---------------|------------|------------|------------|------------|
| <b>Boy's</b>  | <b>U17</b> | <b>U15</b> | <b>U13</b> |            |
| <b>Girl's</b> | <b>U22</b> | <b>U17</b> | <b>U15</b> | <b>U13</b> |

Name of Tournament: \_\_\_\_\_

Date: \_\_\_\_\_ Location (City): \_\_\_\_\_

- Team Meals \$ \_\_\_\_\_
- Drinks \$ \_\_\_\_\_
- Snacks \$ \_\_\_\_\_
- Vehicle Rental (*Insurance*) \$ \_\_\_\_\_
- Gas \$ \_\_\_\_\_
- Parking (*at event*) \$ \_\_\_\_\_
- Supplies (*at event*) \$ \_\_\_\_\_
- Social Activities \$ \_\_\_\_\_
- Mobile Phone (*roaming*) \$ \_\_\_\_\_

**Other Expenses:**

(Please list details on excel spreadsheet) \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

**ADVANCE Provided from BCLA** \$ \_\_\_\_\_

**Reimbursement Requested/Excess Returning** \$ \_\_\_\_\_