# 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:*

**Boy's** ☐ **14U** ☐ **12U**
**Girl's** ☐ **14U** ☐ **12U**

**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)** $_____