

2012 Cincy Classics Coaches Reimbursement Form (pdf)

Data entry allowed in grayed areas

Name:

Team:

Event:

Date(s):

All submissions must include original, *itemized receipts* for all charges.
 Missing itemized receipts or required rationale will result in delay of reimbursement
 All receipts/reimbursement forms will be kept on file.

| | | TOTAL COST |
|---|---|-------------|
| HOTEL | # of nights <input style="width: 50px; text-align: center;" type="text" value="0"/> | 0.00 |
| FLIGHT | Destination <input style="width: 200px;" type="text"/> | 0.00 |
| Mileage (35¢ per mile) (in lieu of gas) | only for > 50 miles <input style="width: 50px; text-align: center;" type="text" value="0"/> (enter # of miles and amount will calculate) | 0.00 |
| MEALS | Friday Dinner = 0.00 Saturday Breakfast = 0.00 Saturday Lunch = 0.00 Saturday Dinner = 0.00 Sunday Breakfast = 0.00 Sunday Lunch = 0.00 Sunday Dinner = 0.00 | 0.00 |
| OTHER | Explanation = <input style="width: 200px;" type="text"/> | 0.00 |
| TOTAL REIMBURSEMENT | | 0.00 |

Rationale for Costs Over \$20.00 (excluding hotel/mileage/airfare) or additional comments:

Internal Use Only:

Check Number: _____

Date Issued: _____