

Salmon Hockey Coaches Reimbursement Form

Name: _____ Date(s): _____

Team: _____

Purpose of Travel: _____ Tournament _____ Training _____ Other (Explain Below)

Location Traveled to/Tournament Name: _____

Mileage: Standard Miles x \$0.25/mile _____ x \$.25

TOTAL MILEAGE \$ _____

Meals:

Lunch at \$15.00 (list dates) _____ \$ _____

Dinner at \$25.00 (list dates) _____ \$ _____

TOTAL MEALS \$ _____

Lodging:

Attach Receipts (list dates) _____ **TOTAL LODGING** \$ _____

TOTAL EXPENSES \$ _____

Coach Signature: _____ Date: _____

Address to Send Payment (Payments typically made within one week of receipt of this form):

