# CYBA Travel Team Tournament Fee Reimbursement Form

*Complete all fields and provide valid itemized receipts for proof of payment to receive timely reimbursement.*

**Name of Coach for Reimbursement:** _____

**Phone Number of Coach:** _____

**Team (Grade & Gender):** _____

| Date Registration Fee Paid | Tournament Host | Description (Date and Name of Tournament) | Amount |
|---|---|---|---|
| | Select Host | | |
| | Select Host | | |
| | Select Host | | |
| | Select Host | | |
| | Select Host | | |
| | Select Host | | |
| | Select Host | | |
| | Select Host | | |
| | Select Host | | |
| | Select Host | | |

**Total Request for Reimbursement** $ 0.00

*By signing (or typing) your name below: I affirm that the expenses for which I am requesting reimbursement were incurred for the benefit of the team listed above. I affirm that the request truly and accurately describes the relevant tournament fees that would be supported by the CYBA tournament registration guidelines.*

**Coach Signature:** _____

**Date:** _____

FOR TREASURER USE ONLY

*Date Check Issued:* _____

*Amount:* _____

*Check #:* _____

*Date Provided:* _____