

## 2016 Cincy Classics Coaches Reimbursement Form (PDF)

Complete gray areas where applicable

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
<b>HOTEL</b>	# of nights	
<b>FLIGHT</b>	Destination	
<b>Mileage (35¢ per mile)</b> (in lieu of gas)	<i>only for &gt; 50 miles</i>	
<b>MEALS</b>	Friday Dinner = Saturday Breakfast = Saturday Lunch = Saturday Dinner = Sunday Breakfast = Sunday Lunch = Sunday Dinner =	<b>TOTAL Meals:</b>
<b>OTHER</b>	Explanation =	
<b>TOTAL REIMBURSEMENT</b>		

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

**Internal Use Only:**

Check Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_