



# CCFC YOUTH

P.O. Box 333  
Kernersville, NC 27285



## Expense Reimbursement Form

Name \_\_\_\_\_ Team \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

*\*Expenses and mileage are only covered for tournaments and out of state game travel. All Lodging receipts must be attached.*

*\*Some expenses may be considered on a case by case basis for NCYSA league games for extensive travel. Contact David Upchurch or Josh Windley for approval.*

| Item                      | Date | Event | Location | Amount |
|---------------------------|------|-------|----------|--------|
| Per Diem (\$25/ day max.) |      |       |          |        |
| Lodging                   |      |       |          |        |
| <b>Total Expenses:</b>    |      |       |          |        |

### Mileage Chart

| Date                      | Event | Start | End | Total Miles Driven |
|---------------------------|-------|-------|-----|--------------------|
|                           |       |       |     |                    |
|                           |       |       |     |                    |
|                           |       |       |     |                    |
|                           |       |       |     |                    |
|                           |       |       |     |                    |
|                           |       |       |     |                    |
| <b>Total Miles x .67:</b> |       |       |     |                    |

**Total Reimbursement Amount:** \_\_\_\_\_

I hereby certify that all the above expenses are accurately recorded, and all required receipts are attached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_