

FC Pride Coaches Reimbursement form
2011-2012

Date: _____

Coaches Name: _____

Email Address: _____

Phone Number: _____

Tournament Name: _____

Dates of Tournament: _____

Per Diem Requested: _____
(\$25 per day)

Hotel Reimbursement: _____
(must attach receipt to email, room and taxes only)

Total Mileage reimbursement: _____
(From Lawrence Soccer Complex to tournament site (x 2) x .56(Federal Rate))

Total: _____

Please note all expense reports must be turned within 5 days of the event. All expenses will be deposited with the next payroll.