



TRAVEL AND EXPENSE WORKSHEET

Non-Parental Coach Name		Phone Number		Team	
Tournament		Date		Location	

RECEIPTS FOR ALL OUT OF POCKET EXPENSES MUST BE ATTACHED TO THIS WORKSHEET

Date of Expense	Purpose/Description of Travel/Expense	GAS - TOLLS	Breakfast Max = \$10	Lunch Max = \$10	Supper Max = \$25	Accomodations	MISC	TOTAL
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NOTES:

- * BRDMHA only covers the expense of tournament nights for hotels* for non parental Coaches. If two or more non parental coaches are attending a tournament it is suggested that they stay in the same room. If not only 50% of hotel accomodations will be covered.
- * Mileage is NOT covered. Only gas and toll reimbursements for one vehicle
- * Meals are reimbursed up to a maximum of \$45/day - Alcohol is NOT reimbursed
- * All expenses must be approved by Team Manager prior to submission to BRDMHA
- * All expenses must be submitted prior to March 31st

PROVIDE DETAILED RECEIPTS WHICH INCLUDE DATES AND TIME WITH OUT THEM YOUR EXPENSE MAY NOT BE REIMBURSED.

*for example Friday and Saturday nights

I certify that this claim is an accurate account of all expenses.

Coach Signature: _____

Date: _____

Manager Signature: _____

Date: _____

Admin Use Only

Audited: _____

Processed: _____

Version JUN2012