



FC Bartlesville



Reimbursement Form

Coach Name: _____

Team: _____

Date of Tournament: _____ to _____

Name of Tournament: _____

Mileage for Roundtrip to _____ :

_____ X \$.40 = \$ _____

Meal Reimbursement for Saturday (up to \$20)

Lunch: \$ _____

Dinner: \$ _____

Meal Reimbursement for Sunday (up to \$20)

Lunch: \$ _____

Dinner: \$ _____

Misc. \$ _____

Total: \$ _____

*In order to be reimbursed for meals, receipts need to be included, in order and signed by the coach on the back. No Alcohol will be covered. The reimbursement is for up to \$20, and for the coach only, so any additional will be covered by the coach. **In order to be reimbursed, form must be submitted in its entirety within 1 week of conclusion of tourney.***

Approved: Yes No **Date Submitted:** _____

Coach Signature

Director of Coaching

