

Salmon Hockey Coaches Reimbursement Form 2017-18

Name:	Date(s):
Team:	
Purpose of Trip: ___ Tournament ___ Training ___ Other (explain below)	
Location Traveled/Tournament name:	
Mileage: _____ Standard miles x \$0.17/mile	
TOTAL	\$
Meals:	
Lunch at \$12.00 (list dates):	\$
Dinner at \$23.00 (list dates):	\$
TOTAL MEALS	\$
Lodging:	
Attach Receipts and Total (list dates):	
TOTAL	\$
Total Expenses	\$
Coaches Signature:	Dated:
Team Manager Signature:	Dated:
Reviewer Signature:	Dated:
Address to send payment (payments typically made within 1 week of receipt of this form):	