



Coach Reimbursement Form

Coach's Name	
Team(s)	
Team Coordinator	
Amount Requested	\$

Date of reimbursement request: _____

Date(s) of Travel for which requesting reimbursement _____

This reimbursement includes time/expenses for coaching ***more than one*** team

☐ YES ☐ NO

Please list teams and team coordinators:

Reimbursements:

Hotel	
Number of nights	
Room costs (with tax, etc.) per night	
Subtotal for hotel	
Mileage	
Miles traveled (trips over 140 round trip will be reimbursed for full mileage)	
Number of miles X \$.52	
Subtotal for mileage	
Food	
Number of days for food	
Dollar amount owed (including ½ days; Per diem \$30; half days \$5 breakfast/\$10 lunch/\$15 dinner)	
Subtotal for food	
Additional Reimbursements	
Description of additional amount requested	
Subtotal for additional reimbursements	
Total Reimbursement	

Additional Notes/Comments:

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