CITY SC

COACH TRAVEL REIMBURSEMENT FORM

TEAM: _____

COACH: _____

TRAVEL DATE: _____

REASON FOR TRAVEL: _____

EXPENSES

TOTAL MILES: _____ **TOTAL REIMBURSEMENT***(miles x .725/mile)*: **$**_____

(Total Miles = Mileage exceeding 180 miles round trip from the City SC Office to the applicable field location, or mileage exceeding 90 miles round trip under the special provision for Elite Platform events.)

City SC Office: 27576 Commerce Center Drive, Ste. 106, Temecula, CA 92590

PER DIEM (meals & incidental expenses)

No. OF DAYS: _____ **TOTAL REIMBURSEMENT ($68/day): $**_____

HOTEL TOTAL: _____

AIRFARE TOTAL: _____

PARKING: _____

RENTAL CAR/GAS RECEIPTS: _____

(no mileage reimbursement for car rental)

OTHER: _____

TOTAL REIMBURSED: _____

DATE OF REIMBURSEMENT: _____

REIMBURSEMENT METHOD: _____