Carolina Rapids 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 must be over 70 - will be reimbursed for full mileage)	
Number of miles X $.46	
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: