



Lodging Cost Reimbursement Form

Requested By: _____ Date: _____

Team Name: _____ Tournament Name & Dates _____

Lodging Cost Reimbursement Calculation

- A. Total Lodging Cost (receipt required, excludes incidentals) _____
- B. # of People in Room (includes non-playing family members) _____
- C. Amount to Be Reimbursed Per Player (**line A DIVIDED by line B**) _____
- D. Total # of Scholarship Players in Room _____
- E. **TOTAL Amount to Be Reimbursed (line C MULTIPLIED by line D)** _____

Scholarship Player Names

Pay To: _____

Telephone: _____ Email: _____

Preferred Contact Method: Telephone Email

Check Delivery Method:

Mail To: _____

Approval (*expenses must be approved by appropriate staff member or board member*):

Name: _____ Title: _____

Signature: _____ Date: _____

For treasurer's use only: Check # _____ Amount: _____