



Per Diem Reimbursement Form

Requested By: _____

Date: _____

Team Name: _____

Tournament & Dates: _____

Per Diem Note: *The maximum amount of per diem allotted per player is \$35/day (\$15 lunch, \$20 dinner) – only the amount paid is reimbursable. ALL RECEIPTS MUST BE ATTACHED. See official policy for additional details.*

Player Name	Meal (circle one)	Restaurant & Date	*Amount
	Breakfast, Lunch, Dinner		
	Breakfast, Lunch, Dinner		
	Breakfast, Lunch, Dinner		
	Breakfast, Lunch, Dinner		
	Breakfast, Lunch, Dinner		
	Breakfast, Lunch, Dinner		
	Breakfast, Lunch, Dinner		
	Breakfast, Lunch, Dinner		
	Breakfast, Lunch, Dinner		
	Breakfast, Lunch, Dinner		
	Breakfast, Lunch, Dinner		
TOTAL			

*Amount requested is total cost per player minus any contributions from scholarship player.

Pay To (Name and Address): _____

Telephone: _____ Email: _____

<i>For treasurer's use only:</i>	Check # _____	Amount: _____
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Approval (*expenses must be approved by appropriate staff member or board member*):

Name: _____	Title: _____
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<i>For treasurer's use only:</i>	Check # _____	Amount: _____
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