

# Tournament Reimbursement Form

Team/Age Group \_\_\_\_\_

Coach \_\_\_\_\_

Tournament Date and Location \_\_\_\_\_

## Meal Stipend

1 day tournament \$25.00 \_\_\_\_\_

2 day tournament \$50.00 \_\_\_\_\_

3 day tournament \$75.00 \_\_\_\_\_

Round trip mileage \_\_\_\_\_ x .50 = \_\_\_\_\_

Hotel Expense \_\_\_\_\_

Parking Expense \_\_\_\_\_

Miscellaneous/Supplies Expense \_\_\_\_\_

**Total Expenses** \_\_\_\_\_

***Attach Hotel/Parking/Misc/Supplies Receipt(s)***

## Treasurer Section

Paid with Check # \_\_\_\_\_

Approved by \_\_\_\_\_

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*\*\*\*Forms must be returned before the 1st and 15th of each month for payment.*

Please return forms to the Treasurer at:

CMVBC

PO Box 104481

Jefferson City MO 65110