



Tournament Travel Reimbursement Form

Name: _____ Date: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Tournament: _____ Team: _____

Original invoices/receipts must be attached. Credit card statements will not be accepted as supporting documentation. Requests submitted without original invoices will not be processed.

	Amount
Hotel _____ Dates _____	
Per Diem (\$40 per night of hotel stay)	
Fuel Stipend	
Total	

Reimbursable Expenses

- Hotel expenses including fees and taxes
- Mandatory hotel parking charges
- \$40 meal stipend per hotel night stayed
- If you drove, you will receive a fuel stipend based on the tournament location to help defray expenses (not actual gas expense)
- Reasonable airfare and car rental when preauthorized

Non-Reimbursable Expenses

- In-room dining or entertainment
- Restaurant bills, bar tabs, or other in-hotel purchases
- Costs associated with additional guests
- Additional nights
- Non-mandatory parking charges
- Meals

Tournament reimbursement requests should be submitted within 60 days of the last day of travel. If reimbursement requests are not submitted in a timely fashion, the reimbursement will be considered income and will be subject to tax withholding.

Remit to: Alicia Lippay, Finance Director
Email: alicia@devilsyouth.com
Mail: PO Box 159, Long Valley NJ 07853

FOR OFFICE USE
AMOUNT _____
DATE _____
METHOD _____