Las Cruces Aquatic Club

Expense Reimbursement Form

LCAT

This form is to be returned no later than 30 days past the day when the expense was incurred. All forms are expected to be in accordance with the expense reimbursement policy. Be sure to attach the original receipts.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date Event Started: _____ Date Event Ended: _____

Meal Reimbursement						
Expense #	Date expense was incurred	Name of Event where expense was incurred	Breakfast = B Lunch = L Dinner = D	Name of Restaurant	Did hotel or host meet provide a meal? Y or N	Amount
1						$
2						$
3						$
4						$
5						$
7						$
8						$
9						$
10						$
11						$
12						$
If Necessary Continue on other expense form, or on back					Total	$

Mileage - Rented Vehicle		
Date of Expense	Total Amount Paid for Rental and Insurance (From Receipt)	Total Amount of Gas (From Receipt)
	Total	

Mileage - Own Vehicle		
Miles Traveled	Rate per mile	Total
	x $0.30	

Other Expenses			
Expense Number	Date of Expense	Description of Expense	Amount
1			
2			
3			
		Total	

By signing below, I hereby certify, under penalty of perjury, that this is a true and correct claim for necessary expenses incurred by me for the purpose of LCAT related expenses only.

Attach all original receipts

Signature: _____

For LCAC Use Only			
Approved:	Yes / No	Amount Awarded:	
Date Awarded:			