



NSD SOCCER CLUB
TRAVEL REIMBURSEMENT FORM

DATE SUBMITTED: _____

TEAM NAME: _____

DIV: _____

TOURNAMENT: _____

AGE: _____

DATES: _____

GIRLS: _____

BOYS: _____

COST/NIGHT # ROOMS # NIGHTS
 X X = _____

MILAGE # PEOPLE
 X 0.15 X = _____

MEALS # PEOPLE
 X 9.00 X = _____

TOTAL _____

MEALS ARE CALCULATED AS FOLLOWS:

FOR EVERY 350 KMS TRAVELLED YOU ARE ENTITLED TO ONE MEAL PER PERSON. PLUS 3 MEALS FOR EVERY FULL DAY AT TOURNAMENT, EXCEPT LAST DAY WHICH = 2 MEAL

PLAYERS NAMES (PLEASE PRINT IN ALPHABETICAL ORDER)

1	
2	
3	
4	
5	
6	
7	
8	
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11	
12	
13	
14	
15	
16	
17	
18	

YOU CAN ONLY CLAIM FOR UP TO SEVEN ROOMS. MAXIMUM \$130.00 CDN or US. / NIGHT.

Please note: If this is a single travel reimbursement form you must, in addition to the Travel Reimbursement Form, submit the ASA travel permit for the team you have traveled with. (PLEASE ATTACH WITH ALL RECEIPTS)

A MAXIMUM OF 18 PLAYERS AND 3 SUPPORT STAFF

MAKE CHEQUE PAYABLE TO: _____

ADDRESS & POSTAL CODE: _____

COACHES /MANAGERS

CONTACT PERSON: _____

PHONE #: _____